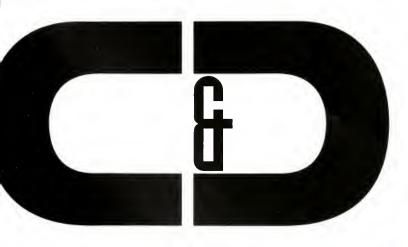
The Newsweekly for Pharman



30 March 2002



LPC says no to PSNC levy increase

Two new sites help manage medicines

Control of entry will stay, says Gehe UK

Soul searching: what path will RPSGB take?



THE WORLD'S BIGGEST SELLING 2ND GENERATION ANTIHISTAMINE¹ JUST KEEPS GROWING AND GROWING²



Zirtek sales have increased markedly year on year. And this year should be no exception. With a new international television commercial and over a million pounds to spend on

in sales is on the cards. So be prepared. Stock up big time. Contact Ceuta Healthcare on

airtime, another big increase

ZIRTEK ALLERGY

ZIRTEK ALLERGY
PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing
10mg cetirizine hydrochloride. USES: Treatment of seasonal and perennial rhinitis and
chronic idiopathic urticaria. DOSAGE AND ADMINISTRATION: Adults and children
aged 6 years and over: 10 mg once daily. In renal insufficiency halve the dose to 5
mg (1/2 tablet) daily. CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid
use in pregnancy and factation. PRECAUTIONS: Do not exceed recommended dose,
particularly if driving or operating machinery. DRUG INTERACTIONS: To date there are
to known interactions with other drugs. As with other antihistamines avoid excessive

alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry

outh and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.45 (R.S.P.).

01202 780558.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 08972/0032. MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 OUH. **REFERENCES:**

REFERENCES:

1. IMS Health Midas standard units sold July 2000 - June 2001.

2. IMS RSA November 2001

FOR FURTHER INFORMATION PLEASE CONTACT: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811.

Facsimile (01923) 229002.

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The National Patient Safety Agency has been officially launched and plans to roll out a national reporting system in May



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John Ferguson examines the options for change as RPSGB seeks to become a 21st Century organisation

LPC to withhold **PSNC levy fees**

St Helens & Knowslev Local Pharmaceutical Committee has unanimously voted to withhold part of its levy payment to the Pharmaceutical Services Negotiating Committee.

The LPC has agreed to pay only last year's levy figure and to withhold the £26 per contractor (on average) increase announced by PSNC in March (C&D, Mar

"Our members are not convinced of the merit of any increase," said LPC chairman Chris Williams.

"Over the past seven years our PSNC levy has increased from £,10,200 to £,19,600 – a

eumulative rise of 92 per eent. But contractor's remuneration in real terms has fallen during the same period."

The LPC will eollect the increase in payments due to PSNC but the money will be held in a 'suspense account'. Payment would depend upon increased performance and success by the PSNC, said Mr Williams.

"Despite an increase in levies over the years, PSNC has not achieved a negotiated pay settlement." Mr Williams said that if there was no increase in PSNC's performance, the money would be used on local initiatives. PSNC has received a letter



LPC chairman Chris Williams

from the LPC and ehairman Barry Andrews has replied, setting out reasons for the increase and asking the LPC to reconsider its decision.

Concern over oxycodone misuse

The death of a teenager following misuse of Oxycontin is the only reported use of the drug on the UK streets since its launch in 1999, says Napp Laboratories. The manufacturer is "deeply concerned" about the source of the tablets.

Press reports elaim oxycodone has been linked with 300 deaths involving non-medical use in the USA, where it is known as "hillbilly heroin". Abusers maximise the effects by crushing the sustained release tablets, snorting the powder or injecting as a suspension. Napp is to meet the drug action team in Hull, where Samantha Jenkinson died after allegedly swallowing up to seven Oxycontin tablets.

A statement said: "The company continues to work with relevant parties to help prevent tl recurrence of such a tragic case. is important to recognise that the consequences of abuse and associated publicity should not be allowed to adversely influence the professional medical managemen of patients in severe pain, whose quality of life can be greatly enhanced with opioid treatment.

PSNC announces LPS seminar

The Pharmaceutical Services Negotiating Committee is holding a May 20 seminar for contractors on local pharmaceutical services.

The seminar will explain new LPS arrangements and how to structure a proposal, the financial implications for contractors and the pros and cons of national versus local contracts.

Speakers include Kevin Guinness, head of pharmaey and prescription branch at the Department of Health, and

PSNC chief executive Sue Sharpe.

Delegate fee for the Birmingham seminar is £95. For more information:

kim.bennett@psnc.org.uk Tel: 01296 432823

Scottish pharmacy still

EDUCATION .

Second faculty from the CPP

The College of Pharmaev Praetiee announced the launch of its Faculty of Neonatal and Paediatric Pharmacy on March 25.

This second CPP faculty will develop a framework to define the training, skills and competencies needed to practise as a neonatal or paediatrie pharmacist.

Members will be encouraged to achieve paediatric specialist status.

The Neonatal and Paediatrie Pharmacists Group and the CPP jointly developed the initiative, and a further faculty is planned for this year, although no details have vet been released.

For more information:

CPP Tel: 024 7669 2400. www.collpharm.org.uk

has 'untapped potential' Community pharmacy "still has significant untapped potential to expand its involvement in

improving people's health" says the Scottish Primary Care Modernisation Group's first

"As detailed in The Right Medicine [the Scottish pharmaey strategy], pharmaeies have the potential to become walk-in resource centres where other staff from the health service can provide additional services," says the PCMG.

In its report, Making the Connections: Developing Best Practice into Common Practice, the PCMG ealls for "integrated working between community pharmacists and GP practices"

and says there is "a need to review the role of community pharmaeists".

This is because "too many GP appointments are used by patients for repeat prescriptions"

"Model schemes for pharmaceutical care provide an opportunity for community pharmaeists to complement existing primary care services and recognise their specific skills in improving eare in the eommunity," it adds.

Funding arrangements for the provision of pharmacy premises should be reviewed by the Scottish Executive's Health Department. And, says the report, NHS boards should include all sectors of primary eare in order to support electronic elinical communications, says the PCMG.

Published last week, the repor highlights examples of best praetiee in primary eare in a bid ensure this becomes common practice across Scotland.

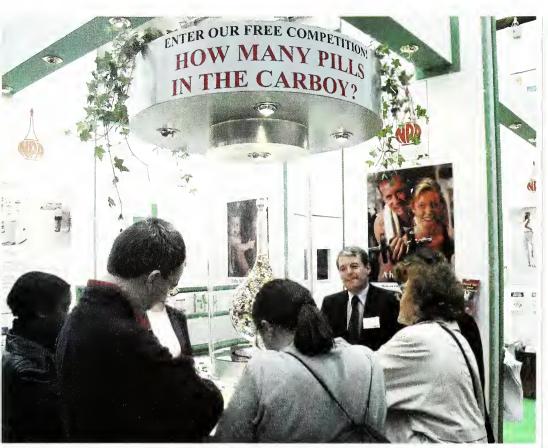
It has identified improving aecess, ehronic disease management and mental health problems as key priorities to be addressed.

"It is important that independent contractors and the staff are regarded as being part o the wider NHS family, and recruitment and retention plans encompass all staff."

For more information:

www.scotland.gov.uk





The National Pharmaceutical Association broadcast the message "Ask your pharmacist" at last weekend's Vitality Show at London's Olympia. Its stand promoted the message to 35,000 exhibition visitors, giving out promotional materials and chatting to visitors about the services on offer at the local pharmacy. Visitors were given "I asked my pharmacist!" goody bags and NPA flagship healthcare booklets Caring for kids and Look after yourself. Children were given Brad the cure bear colouring books and logo bugs. Pictured on the stand is NPA finance director Richard Maw encouraging visitors to guess the number of pills in the carboy

N Ireland medicines management site set up

A website giving step-by-step guidance on how to set up pharmacy-based medication review scrvices has been launched.

The Managing Medicines site highlights Northern Ireland's "Managing your medicines" service. It contains downloadable flowcharts setting out:

- procedures for recruiting patients to review schemes
- forms for preparing before the patient's visit
- recording procedures for the first medication review
- possible interventions
- reminders for repeat reviews.

Among the templates on the site are pharmaccutical assessment questionnaires, GP notification letters, care action plans and outcomes summary forms.

The site also details other medicines management pilots taking place, including:

the Government-funded trial in

England being managed by the National Prescribing Centre

- the PSNC schemes
- OSPREY, a Medical Research Council-supported randomised trial of pharmaceutical care for older people in East Yorkshire and Hull
- schemes taking place in Barking & Havering and Durham.

The "Managing your medicines" service has been developed by the four local Health and Social Services Boards in Northern Ireland and has already seen 200 patients reviewed.

Dr Denis Morrison, director of pharmaceutical services for the Northern Board, said: "The principles of medication review have been well established through successful schemes clsewhere, but this service has several unique features and is designed to provide participating pharmacists with all the required documentation in one package.

"The standardised format also allows easy outcome analysis, so there is scope to aggregate or compare data from different areas. We would be interested to hear from pharmacists who would like to work with us in this way.'

Set up by Webstar Health, the site is managed by pharmaceutical journalist Douglas Simpson. Members of the advisory board include Prof Stephen Chapman, professor of prescribing studies at Keele University's department of medicines management; Paul Grassby, director of the Irish Centre for Continuing Pharmaceutical Education; Robert Gordon University School of Pharmacy's professor of pharmaceutical care Claire Mackie; and Professor Linda Strand of the University of Minnesota.

For more information:

www.managingmedicines.com Tel: 020 8424 0860

Website to follow pilots' progress

Local ethics committees have approved eight of the nine medicines management pilots being led by the Pharmaceutical Services Negotiating Committee.

Detailed work is underway to start identifying and recruiting patients.

The Community Pharmacy Medicines Management Project has launched a website providing news and background information as the project progresses.

For more information:

www.medicinesmanagement.org.uk

Drug recall

Cupal Ltd (a subsidiary of SSL International) is recalling a batch of Medinol Over 6 Paracetamol Oral Suspension 200ml, with batch number P618383 and expiry 11/2004. The class 2 recall was announced on Tuesday following notification of an apparent nonhomogeneity of the product, which may have led to dose variability if bottles are not shaken sufficiently. For more information:

Tel: 0161 652 2222.

NICE on NRT and inhalers

The National Institute for Clinical Excellence is expected to issue guidance next week (w/c April 1) on buproprion (Zyban) and nicotine replacement therapy in smoking cessation, and inhalers for older children, according to the Department of Health. For more information:

www.nice.org.uk

Diabetes UK relocates

The central offices of Diabetes UK and Diabetes UK Careline have relocated this week to 10 Parkway. Camden, London NW1 7AA.

For more information:

Tel: 020 7424 1030.

£5,000 award up for grabs

A £5,000 award is available for a research project that can develop quality and cost effectiveness in pharmacy practice.

A joint initiative of the National Pharmaceutical Association, the Guild of Healthcare Pharmacists and Merck Sharp and Dohme, the award is open to all pharmacists but must reflect a joint project between community and hospital pharmacy. The closing date is July 31.

For more information:

Tel: 01727 832161.



Safety agency to introduce national reporting system

Pharmacists have a crucial role in patient safety, said Howard Stoate, chairman of the All Party Pharmacy Group at last week's official launch of the National Patient Safety Agency.

The role of the agency, set up last July, was explained to key stakeholders and decision makers, who included representatives from the Royal Pharmaceutical Society, National Pharmaceutical Association and Pharmaceutical Services Negotiating Committee. They heard how the NPSA has been established to "co-ordinate efforts across the country to monitor and improve patient safety in the NHS and bring patient safety issues to a national level".

The results of a pilot incidentreporting system tested in 28 sites across England and Wales will be evaluated during April. The NPSA wants to roll out a national reporting system in May. Reporting procedures for pharmacists will be decided when the pilots have been evaluated, said an NPSA spokesman.

The pilot sites have covered a wide range of healthcare settings including nursing and residential homes, ambulance trusts, mental health trusts and primary care.

"Pharmacists, along with dentists and opticians, provide a particular challenge to bring them into NHS reporting systems for



Dr Howard Stoate: "crucial role"

the first time in their careers," said Sue Williams, NPSA joint chief executive. "The pilot sites have not just been about filling in a form. It is essential to look for the underlying causes that led to that incident and [consider] how it might be prevented in the future."

Future plans for the NPSA include setting up a confidential helpline for staff to report incidents directly to the agency.

The NPSA will only operate in England at first, but may be extended to Scotland and Wales. Northern Ireland will be kept informed of the agency's progress.

For more information:

www.npsa.org.uk Tel: 0800 0152536

Next step for vitamins **Directive**

Following the European Parliament's adoption of the EU Directive on Vitamins and Minerals this month, the next step will be to compile a list of upper safe levels and approve substances allowed in supplements.

The Scientific Committee for Food is expected to recommend the final list of upper safe levels by the end of 2002.

National policies will apply until maximum limits are agreed and included in the Directive.

Companies wishing to market substances not currently on the list have until September 2005 to submit dossiers on these products, otherwise they must be removed from the market after that date. The dossiers should be approved

The Directive only applies to vitamins and minerals, still leaving different national rules on herbs, amino acids, fatty acids and other nutrients.

European Advisory Services, a Brussels-based consultancy to the food industry, has produced a guide through the complex mix of European and national regulations covering supplements.

The 140-page report also reviews the status of the draft Directive on traditional herbal medicines and the EU legislation on foods for particular nutritional uses (PARNUTS).

For more information:

www.eas.be info@eas.be

Tel: +32 2 218 14 70.

Questiontime

Last week we asked you: "Do you think pharmacists can supervise the supply of medicines while away from their pharmacy, as long as qualified staff work under protocols?" Fifty six per cent of respondents disagreed (see right)

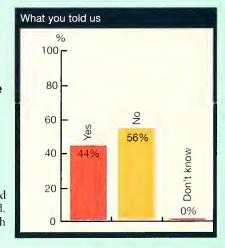
This week's question: Do you think the Government should make sunscreens VAT free?

Yes

No

Don't know

You can record your answer on our website: www.dotpharmacy.com on the home page. Select your answer and then click on the vote box. Your answer is automatically collated. You have until noon on April 2 to cast your vote. We will publish the result in $C \mathcal{C}D$, April 6.



Daktacort™ HC

Presentation:

White, homogeneous, odourless cream containing miconazole nitrate 2% w/w and hydrocortisone acetate equivalent to hydrocortisone 1% w/w.

Sweat rash (candidal intertrigo) and athlete's foot associated with fungi and bacteria where inflammation is present.

Dosage and administration:

For topical administration. Apply the cream twice a day to the affected area. Maximum period of treatment is 7 days.

Contra-indications:

Hypersensitivity to any of the ingredients Tubercular or viral infections of the skin or those caused by Gram-negative bacteria. Use on broken skin, large areas of skin, for treatment longer than 7 days to treat cold sores and acne; use on the face, eyes and mucous membranes. Should not be used unless prescribed by doctor during pregnancy and lactation, children under 10 years of age, on the ano-genital region, to treat ringworm or secondary infected conditions.

Care should be taken when applied to extensive surface areas or under occlusive dressings. Long term continuous therapy or application to the face should be avoided

Side-effects:

Rarely, local sensitivity may occur requiring discontinuation of treatment.

Legal category: P.

Price: 15g tube £4.79.

PL Holder:

Janssen-Cilag Ltd, High Wycombe, HP14 4H1

PL: PL 0242/0367.

Date of preparation: August 2001

Further information is available from: Johnson & Johnson MSD Consumer Pharmaceuticals. Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF

References:

- 1. IMS MDI 1995-Q1 2001.
- 2. IMS British Pharma Index, year ending Dec 2000.



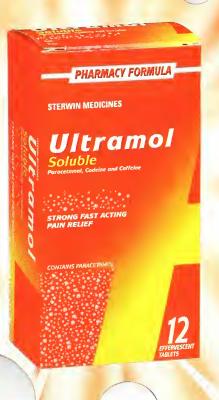
7.1 million prescriptions to date Now it doesn't need one



Based on the most widely prescribed antifungal/steroid agent, Daktacort™ HC is now available in pharmacy

Does not require refrigeration

Johnson Johnson MSD



New

12 pack now available

Paracetamol 500mg, Codeine 8mg, Caffeine 30mg

Ultifumol Soluble strong fast acting pain relief

ULTRAMOL Prescribing Information Indication: For the relief of most painful ald Ph.Eur. 500 mg. Codeine Phosphate Hemrydrate Ph.Eur. 8 mg and Caffeine 30 mg. Supposes For oral administration only. The reffervescent tablets should be dissolved until half statement of the programment of the programm

Presentation: Effervescent tablets each consulting a carmoling of the consulting of



Campaign pushes 'front line' pharmacies for Easter

The public is being urged to make the most appropriate use of health scrvices in a poster campaign launehed to eoineide with the Easter break

In particular, pharmacies are being promoted as a first port of eall for advice on minor illnesses, and for over the counter and prescription medicines. The public is also being encouraged to eheek which local pharmacics are open with NHS Direct.

The eampaign has been launched by the Doetor Patient Partnership, Consumer Health Information Centre and Royal Pharmaeeutieal Society.

A pre-launch survey suggests "patients remain unaware of how they ean receive the most

appropriate and effective eare when GP surgeries are closed". Of those asked, 51 per eent said they would go to the hospital's A&E department when surgery is closed. And 55 per eent would expect a home visit from a GP in urgent cases.

In terms of medicines, 78 per eent of people said they do not stock up their medicine chest before a bank-holiday, although just over half (53 per eent) said that they do stock up before going away on holiday.

Posters are available from Maria Robinson at CHIC on 020 7242 833L

For more information:

NHS Direct Tel: 0845 46 47





The poster tells patients what should be considered an emergency and where to ask for advice

Prozac brain tumour link questioned

Researchers have suggested a possible link between selective serotonin re-uptake inhibitors and the growth of a type of brain tumour. The news has led The *Independent* newspaper to conclude that Prozac "may stimulate the growth of brain

But Professor John Gordon of Birmingham University cautioned: "We must stress the effects shown for the SSRI on cancer cells is indirect and should cause no concern whatsoever to the many millions of people who are prescribed this class of antidepressant."

While serotonin can tell some cells to self-destruct, in vitro Prozae has been found to block the entry of serotonin into Burkitt's lymphoma tumour cells, preventing the cells from selfdestructing. Prof Gordon said that his study eannot be taken as proof that SSRIs stimulate the growth of tumours. "There is no direct evidence from large scale epidemiological studies currently to back it up."

A Department of Health spokesman said the study, funded by the Medical Research Council, is at a very early stage and no increased risk of cancer has been detected in people taking Prozac.

On Tuesday, manufacturer Eli Lilly said: "There is no medical or seigntifie evidence of a connection between fluoxetine (Prozac) and caneer.

"Results of Lilly's long-term studies have been reviewed extensively by various regulatory agencies and these studies have provided conclusive evidence that fluoxetine is not a cancer initiator or promoter.'

Guide to OTC medicines

The Pharmaceutical Press has published a revised edition of Non-Prescription Medicines, a review of over the counter medicines by Alan Nathan.

The first edition has been updated to reflect changes in legal status and availability of products, and opinions on and approaches to treatment. Also included is a new section on emergency hormonal eontraception.

Mr Nathan is a leeturer in eommunity pharmacy at King's College, London.

For more information:

Price: £24.95, ISBN: 0853695067 www.pharmpress.com Tel: 020 7735 9141.

Scottish agenda adopts local pharmacy strategy

Fife NHS Board has developed a local pharmacy strategy after undertaking a public eonsultation process on the future direction of its pharmacy services.

The strategy's key aims include: ensuring more efficient use of medicines through providing guidance on medicines to prescribers and by providing support to patients

 valuing and supporting Fife pharmaey staff

offering a patient-focused service that provides wider and quieker aecess to NHS services, and assures equity.

Marian Bennie, consultant in pharmaeeutical publie health, said the Fife Pharmaey Strategy is

eonsistent with the Scottish Executive's national strategy The Right Medicine: A Strategy for Pharmaceutical Care in Scotland (CGD, Feb 9, p 4).

The pharmaey strategy, which has been developed by a steering group whose members include Fife pharmaey contractors and the local pharmaceutical and medical committees, will be published in the next two months.

The initial consultation revealed the publie's lack of knowledge both of the pharmacist's role and the services available to help people with their medicines and health enquiries.

For more information: www.show.scot.nhs.uk/fhb

Olympic skier's Vicks confusion

Britain's first Olympic skiing medal was lost because of differences in the formulation between American and British Vicks Inhalers.

The bronze medalist Alain Baxter bought the inhaler in the USA. It contains the nasal decongestant desoxyephedrinc, or levo-methamphetamine - a banned substance under International

Olympic Committee rules.

Methamphetamine, also known as 'speed', is listed in Martindale as a central stimulant and indirectacting sympathomimetic with actions and uses similar to those of dexamphetamine. However, Vieks manufacturer Procter & Gamble says its product only has the levo form, with deeongestant activity and no abuse potential. P&G adds

the dextro isomer, which is not present in Vicks, is the drug of abuse. The IOC does not distinguish between the two isomers and has not analysed Mr Baxter's sample.

The Vieks Inhaler in the UK contains menthol, camphor and pine nccdle oil.

For more information: Tel: 01932 896000.

Control of entry will stay'

Gehe UK chief executive Mike Ward has rekindled the debate over control of entry regulations by claiming the Office of Fair Trading will probably maintain and may even strengthen – the current system.

He said pharmacy contracts had been put in place for "very sound reasons" and the Government would realise this when it studied the issue more

Despite "spurious elaims" put forward by supermarkets about pharmacy locations, he said customers were prepared to pay a premium for quality advice.

'As long as we work together – and, for the first time, pharmacy is beginning to think as one industry – our arguments are very strong," Mr Ward said

His comments came as Gehe AG, the German parent company, announced it was issuing 12.15 million new shares at a price which has yet to be determined. The additional share capital is intended to finance future acquisitions.

"By doing this we place ourselves in a position to take advantage of markets as they develop," Mr Ward said.

Last year Gehe entered the



Mike Ward: "Our arguments are very strong"

Irish, Belgian, Norwegian and Dutch retail pharmaey markets and extended its pharmaey outlets by 318 to 1,721.

But Mr Ward ruled out entry into new markets as retail chains in the Netherlands, Belgium and the Czech Republie needed to reach "eritical mass" first. He wants to see the Duteh chain, in particular, "significantly larger".

While the Irish Republic remains an attractive market, Mr Ward said "...we'll do nothing until the Unicare situation is resolved".

The recent deregulation of the pharmacy market in Eire led Gehe to abandon the acquisition of Unicare, a 30-strong chain of pharmacies.

Meanwhile, Gehe's group sales rose 10.6 per eent to €17 billion $(\cancel{\xi}, 10.5 \text{bn})$ last year. It predicts a similar increase this year. Its pretax profits rosc 14.3 per cent to €292.1 million (£,180m). The wholesale business, which accounted for 88 per cent of the total turnover, grew 8.7 per eent to €14.9bn (£9.2bn).

AAH Pharmaceuticals' sales were up nine per cent to €3.1 billion (f, 1.9bn). AAH claims a 37 per cent share of the UK market, 10 percentage points ahead of UniChem.

Meanwhile, Lloydspharmacy's turnover rose 7.9 per eent to €1.7bn (£1.05bn). It now has 1,339 branches.

Despite the abolition of Resale Priee Maintenance, Lloydspharmaey's OTC sales grew 4 per cent "...in a market which was generally in decline". Its NHS business rose 11.3 per eent.

Sales in the retail division, which operates pharmacies in seven EU countries, rose 26.2 per cent to €2.05bn (£,1.26bn).

Beconase Hayfever: Presentation: Aqueous nas spray containing 50 micrograms beclomethaso dipropionate per spray. Uses: Allergic rhinit Dosage and administration: Intranasal use or Adults aged 18 and over: Two sprays into each nos every morning and evening. Contraindication Hypersensitivity. Precautions: If symptoms have r improved after 14 days use consult a doctor. Do ruse continuously for longer than 3 months with consulting a doctor. Risk of adrenal suppression w use of higher than recommended doses. Precauti in presence of nasal infection. Avoid in pregnar and lactation, unless otherwise directed by a doct **Side effects:** Dryness and irritation of the nose a throat, unpleasant smell and taste and epistaxis ha been reported rarely. Rare cases of raised intraocu pressure or glaucoma and nasal septal perforati have been reported. **Hypersensitivity reaction** Systemic effects may occur, particularly when us systemic ellects may occur, particularly with 18 at high doses for prolonged periods. Legal catego P. Retail selling price: (ex VAT) 100 spray £5. 180 spray £7.65. Product licence numb 10949/0093. Licence holder: Allen & Hanbur Limited, Uxbridge, Middlesex UB11 18T. Furti information available on request from Medical a Consumer Affairs, GlaxoSmithKline Consum Healthcare, Brentford, Middlesex TW8 9GS, U Date of preparation: March 2001. BECONA HAYFEVER is a trademark of the GlaxoSmithKli Group of Companies. @ GlaxoSmithKline, 2001.

Piriton Allergy Tablets and Piriton Syru Presentations: Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syr containing 4mg chlorpheniramine maleate in 10i Uses: Symptomatic relief of allergic condition including hayfever. Dosage and administration Tablets: Adults: 1 tablet. Every 4-6 hours. Childraged 6-12: 1/2 tablet. Every 4-6 hours. Syru Adults: 10ml. Every 4-6 hours. Children aged 6-5ml. Every 4-6 hours. *Aged 1-2*: 2.5ml, twice da **Contraindications:** Hypersensitivity. Concurrent recent treatment with MAOIs. Precautions: M increase effects of alcohol. May affect ability to dr and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liv cardiovascular and thyroid disease; epilep glaucoma and other eye conditions. Syrup conta sugar, use with caution in diabetes. Maintain go dental hygiene. Pregnancy and lactation: Cons doctor before use. Side effects: Sedation. Le commonly gastrointestinal disturbances, blurr vision, headaches, urinary retention, dry mou muscular incoordination, jaundice, cardiovascu disturbances, chest tightness, dizziness, blo dyscrasias, allergic reactions and tinnitus. Childr and the elderly are more prone to the neurologic anticholinergic effects and rarely may become confused or excitable. Retail selling price: Pirit Allergy Tablets 30: £2.85; Piriton Syrup 150ml £3.7 **Legal category:** P. **Product licence numbe** 0036/0088 (Piriton Syrup). 0036/0091 (Pirit Allergy Tablets). Product licence holder: Staffor Miller Limited, Welvyn Garden City, ALZ 3 Further information is available from Medical a Consumer Affairs, GlaxoSmithKline Consum Healthcare, Brentford, Middlesex TW8 9GS, U Date of revision: December 2001. Piriton is registered trademark of the GlaxoSmithKline Gro of Companies. @ GlaxoSmithKline, 2001.

Piriteze Allergy Tablets: Presentation: Fi coated tablets containing 10mg of cetirizi dihydrochloride. Uses: Symptomatic treatment perennial rhinitis, seasonal allergic rhinitis a chronic idiopathic urticaria. Dosage a administration: Adults (including the elderly) a children 12 years and over, 10mg dai Children under 12 years not recommende Contraindications: Hypersensitivity to any of t constituents of the formulation and lactati mothers. Precautions: Use half dose in patients w renal impairment. Advisable to avoid excessi alcohol consumption. Should not be used duri pregnancy unless clearly necessary. Exceeding t recommended dose may effect driving or operati machinery. Side effects: Occasionally mild a transient subjective side effects such as drowsines headache, dizziness, agitation, dry mouth a gastro-intestinal discomfort. Convulsions report very rarely. Legal category: P (30 tablets) a GSL (7 tablets). Retail selling price: (ex VA P (30 tablets): £7.28. GSL (7 tablets): £3.40. Produ licence number: PL 0289/0388. Licence hold Approved Prescription Services Ltd, Brampt Road, Hampden Park, Eastbourne, BN22 9A England, Further information available on reque from Medical and Consumer Affairs, GlaxoSmithKlin Consumer Healthcare, Brentford, Middles TW8 9GS, U.K. Date of preparation: Decemb 2001. Piriteze is a registered trademark the GlaxoSmithKline Group of Companie the GlaxoSmithKline © GlaxoSmithKline, 2001.

Making EPoS JustPos(sible)

An entry-level EPoS system is being launched by Positive Solutions, part of independent wholesaler Mawdslevs.

JustPos is intended to be an easy to usc, uncomplicated EPoS system that fulfils all core functions, such as price and margin controls, reporting on medicines sales and ordering.

The software alone costs £1,750 per year, with no rental option. A complete system with computer (and eash drawer) costs £2,650, or £127 per month on lease.

Designed to deal with a pharmacy's front shop business only, the system is not linked to a PMR system and cannot be networked. But it can be upgraded to the company's full EPoS system, Analyst.

For more information: Tel: 01254 833300.



Large pharmaceutical companies will benefit from a new tax credit aimed at boosting research and development in the UK.

FINANCE

The credit, which was one of the tax measures announced by ehaneellor Gordon Brown ahead of the budget on April 17, applies to the total R&D spend by pharmaeeutical eompanies.

Taking effect from April 1, the tax credit is expected to benefit around 1,500 companies investing over £11 billion in R&D. It complements a similar existing incentive for small and medium sized enterprises.

Another round of tax cuts announced by the chancellor will save businesses around £,500 million and includes an exemption for gains and losses on substantial shareholdings.

The move aims to ensure that business decisions on corporate restructuring and reinvestment



Chancellor Gordon Brown

are made for commercial, not tax, reasons.

A new regime for providing relief for the eosts of intellectual property, goodwill and other intangibles aims to encourage companies to take advantage of new opportunities.

For more information: www.inlandrevenue.gov.uk www.hm-treasury.gov.uk



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beclomethasone dipropionate



chlorpheniramine maleate





chlorpheniramine maleate



GSK loses Augmentin case

GlaxoSmithKline has lost another court case regarding the validity of three US patents on its blockbuster antibiotic Augmentin. A federal judge sitting at a district court in East Virginia ruled in favour of Teva Pharmaceuticals that three patents expiring in 2017 are invalid. The same judge had previously declared another Augmentin patent, due to expire in 2018, as invalid.

Profile seeks first drug licence

Profile Therapeutics' subsidiary, Profile Pharma, has applied to the Medicines Control Agency for a marketing authorisation for Promixin. The product is a branded generic antibiotic, which is inhaled to treat the chronic lung infections associated with cystic fibrosis.

New digital minilab

Konica has launched a digital minilab - R1 Super - which it claims is ideal for anologue minilab owners who want to make the switch to digital. R1 Super retails at £65,000 and includes a high-resolution film scanner and a newly designed print engine, which will produce better prints, according to Konica. The minilab will be available from the

Nexphase demo available online

Pharmacists can see an onlinedemonstration of the Windowsbased Nexphase pharmacy business system, owned by Enigma Health, by logging on to www.enigmahealth.com. The virtual tour includes an overview of the system as well as mini tutorials related to key functions such as dispensing, patient and product maintenance, reporting, ordering and stock management

Movicol drives Norgine sales

Norgine's turnover rose 14 per cent to £69.4 million last year - its best performer was Movicol, whose sales leapt 42 per cent to £23m. Norgine plans to expand its UK medical sales team later this year to give Movicol more support.

Schering website revised

Schering Health Care has relaunched its website www.schering.co.uk - with a revised look, layout and content.

Superdrug cuts **VAT** on sun lotion

Superdrug is taking VAT off its Solait suneare range from April 1 in a bid to persuade consumers to take adequate precautions before they sunbathe.

The chain will foot the VAT bill a 200ml suneare product that previously retailed at £6.99 will now cost £5.95, while a 400ml brand, previously £9.99, will be £8.50.

Superdrug is urging other retailers to follow its lead and lobby the Government to change the VAT rule on suneare products.

Its VAT-free move will probably be backed by Fenton Pharmaceuticals, which manufactures Delph sun creams and, nearly two years ago, also urged the Government to remove VAT from sun protection brands (C&D September 2, 2000, p30)

Market researcher Mintel suggests that, over the past 20 years, the number of Britons diagnosed with skin cancer has nearly doubled to over 44,000 a year.

Professor Stanley Bleehen, from the British Skin Foundation, said the funding given to the Health Development Agency (formerly the Health Education Authority) to educate people about the sun's dangers was "woefully inadequate".

And the issue, he added, was low on the Department of Health's priorities because sunrelated skin caneer only accounts for 1 per cent of all cancer eases.

Superdrug is also introducing "best before dates" on new Solait products, saying suncare products used after their sell-by date might be only 50 per cent as effective as normal. The expiry date will be 30 months from the time the products are manufactured

Changing Rooms' Laurence Llewelyn Bowen officially re-opened Moss Pharmacy's Godalming branch (pictured with pharmacy manager Petru Vlok) following its refurbishment. New product ranges have been introduced, including Mr Bowen's collection of Room & Body Fragrances, manufactured by Bronnley. The range is, however, not expected to be introduced in other branches in the near future

Kodak takes to the road

Kodak is taking its photoprocessing systems on a 10-stop roadshow, due to start on April 15 at the company's headquarters in Hemel Hempstead.

Retail systems to be shown include Kodak's System 88 minilab, the Kodak Order Station and Kodak Picture Maker kiosk,

as well as Pakon F12 Plus seanner.

The roadshow will be stopping in Newcastle (April 22/23), Glasgow (April 24/25), Stoke (April 26), Bolton (April 30), Chepstow (May 1), Tiverton (May 2) and Southampton (May 3). Contact Kodak on 01442-844543.

Fast track deal for drug development

The pharmaceutical industry and the Government have signed an agreement to speed up the development of new drugs.

Under the agreement clinical studies of a non-commercial nature can now be jointly funded by the industry and the National Health Service.

These could involve research into disease development and comparative studies of different classes of medicines. The latter are otherwise unlikely to be carried out by individual companies.

The Department of Health believes that the co-funded work will lead to new research avenues being opened up, as well as faster drug development.

The agreement also allows for contract agreements to be reached between individual NHS bodies and pharmaceutical companies.

Measures have also been taken to reduce start-up times for clinical trials, for instance allowing the review by an NHS trust to run in parallel with the review by the ethies committee.

The agreement is based on the work carried out by the Pharmaceutical Industry Competitiveness Task Force, a joint working group co-chaired by the health minister, Lord Hunt, and Dr Tom McKillop, chief executive of AstraZeneca.

Lord Hunt said the agreement was "a further positive sign of the Government's willingness to sustain a world-leading pharmaeeutical industry in this country"

Dr McKillop added: "This provides an excellent basis for continued co-operation with Government on clinical research matters in this country."

For more information:

www.doh.gov.uk/pictf www.abpi.org.uk



APRII 2 Northern Scottish Branch, RPSGR

Northern Scottish Branch, RPSGB Discussion of motions for Branch Representative's Meeting, at the Marriott Hotel, Culcabock Road, Inverness, 7.30pm.







New Germoloids HC Spray is the first and only OTC spray for haemorrhoid relief. This effective treatment combines the local anaesthetic action of lignocaine, for rapid

pain relief, with extra hydrocortisone to help reduce itching and inflammation. Now available in a soothing and discreet 'non-touch' spray. Hallelujah.



What a relief!

Contains Hydrocortisone & Lignocaine Hydrochloride

Germoloids* HC Spray - Product Information. Germoloids* HC Spray is an aqueous spray solution containing 0.2% w/w Hydrocortisone BP and 1.0% w/w Lignocaine Hydrochloride BP Indications. Symptomatic relief of anal and perianal pain and pruritus such as associated with haemorrhoids. Dosage and Administration:

**Adults: Spray once over affected area up to three times daily. Children: Not recommended for children under 14 years. Contraindications: Sensitivity to

lignocaine or other ingredients. Use on broken or infected skin. To be used externally on anal area only. Warnings and Precautions: The spray should not be used continuously for longer than seven days. Keep away from eyes, nose and mouth. Patients should seek medical advice if persistent pain or bleeding from anus occurs especially if associated with a change in bowel habit, a distended stomach or weight loss. Medical supervision is required if used in conjunction with other medicines containing steroids. Side Effects:

Temporary tingling sensation may be experienced. Rarely, hypersensitivity to lignocaine has been reported. Use in Pregnancy: There is inadequate evidence of safety in human pregnancy. Cost: 30 ml tube, 26.99. MA Number: PL 0173/0049. MA Holder: Dermai Laboratories, Gosmore, Hertfordshire SG4 7QR. Sold and Distributed in the UK by: Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA, Legal Category: P Date of Preparation: February 2002.



from the Editor



The outcome of two major inquiries launched last year still looms over the pharmacy sector, causing "planning blight" for many businesses trying to formulate a strategy to address developments in both the commercial and NHS

primary care areas. The OFT inquiry into retail pharmacy services was announced last October, with a 6-12 month time frame. A decision "is not imminent", the OFT said this week, so don't bet on an outcome before September. In July 2001 the Government outlined options for future supply and reimbursement of generics. On January 22 health minister Hazel Blears said submissions were being evaluated. Little has been heard since.

The impact these inquiries cause in the marketplace should not be underestimated. Last spring, for example, a large number of pharmacies were being bought and sold at high prices. This year goodwill values are down and fewer individual businesses are changing hands (but persistent rumours abound that another small multiple is about to be acquired by a pan-European wholesaler). Since the generics discussion paper was published, the sector has returned to a business pattern similar to pre-1999. Market forces have effectively taken prices down, giving the taxpayer value for money. Whether this process has been transparent enough to satisfy the Government is unknown, but the more time passes, the more difficult it becomes to justify regulators imposing a more "effective" regime.

Senior pharmacy managers regularly grumble at the difficulties of putting together a business plan when they have to second guess the Government. More transparency in the timetabling and progress of major inquiries like the two above would help.

More transparency in the timetabling and progress of major inquiries would help

Yourviews

Put modernistion programme to the vote

Ex-proprietor and now locum pharmacist Don Alderton gives his views on the Society's modernisation plans

I was recently invited to attend the Royal Pharmaceutical Society's HQ for a briefing on the Modernisation Programme. The presentation contained the words "regulation" or "regulatory" 16 times and the word "represent" twice, and I came away convinced the Council has already decided that the Society is to become a regulatory body.

The options have been cunningly presented to give the impression that the only rational choice is retention of the regulatory and professional roles within a reformed Society. By a happy coincidence, this would also preserve the entire existing HQ infrastructure and the jobs that go with it.

However, this is an attempt to fool members into a choice which will deliver job security for some and onerous regulation for all, but gives only vague assurances that the interests of the members will be represented – "trust us, we're all pharmacists together"! The members would have to pay for this expensive regulatory treadmill via pharmacy's poll tax – the retention fee.

Representation isn't easy. It requires negotiating, management and communication skills, and an empathy with the people you're representing – qualities that have been conspicuously lacking around the Council table. Regulation, however, is easy. It requires only an unthinking capacity to impose ever-increasing layers of bureaucracy onto a docile and compliant workforce.

The membership is largely compliant because it suffers from "learned helplessness" syndrome: the Society constantly imposes responsibility without providing credible ways for members to make themselves



heard or to influence policy.

Further, the Council election process imposes pseudo-ethical constraints that act to entrench the position of existing office holders, but which raise unfair barriers to non-office holding candidates.

The Council should liberalise the election procedures immediately, then resign en-bloc and allow the election of those who are prepared to draw up modernisation proposals which both meet the Government's regulatory agenda and represent members effectively.

To maximise the electoral turnout, online voting should be available, and candidates should be allowed to campaign and canvass openly. This may result in the election of Council members who favour splitting the Society or handing the Society's regulatory functions over to another body but, whatever the outcome, it will be undeniably democratic.

The Society cannot serve two masters – it cannot regulate the profession in the public interest and, at the same time, effectively represent the interests of the members of the profession. These are real choices, with very real consequences. But the members must be given an electoral means of choosing.

dma@btconnect.com



BlackBAG

Patients gear up to get smart

Just when you thought the smart card had gone away, along comes a whole campaign to reinstate it. A recent survey by the Doctor Patient Partnership, Consumer Health Information Centre, and National Pharmaceutical Association showed a general willingness among patients to hold their own medical records.

At a time when a military campaign in Iraq looms, you would think the media might consider such a topic on a par with a dead donkey – yet there were 48 radio, TV and newspaper interviews on the topic.

The great myth is that GPs hold all records for their patients. But dentists, walk-in centres, NHS Direct, private practitioners, occupational therapists and, of eourse, pharmacists, all have their own sets of widely differing records. Worse still, A&E departments and GUM elinics may hold information bound by confidentiality. Paradoxieally, patients do hold their own notes on, for instance, diabetes, antieoagulation and antenatal care.

Paradoxically, patients already hold their own notes on, for instance, diabetes and antenatal care

There is no shortage of cases where confused or unconscious patients have been given drugs in A&E and by private practitioners which dangerously interacted with unknown medicines already on board. More to the point, many people are not aware of potential interactions between vitamins, herbal remedies and conventional drugs. A smart card summarising medication, allergies, adverse effeets and major medical diagnoses might help avoid this.

While all this is fine, there remains the philosophical question of why shouldn't a person have responsibility and awareness of notes on what is, after all, their body? Patients are generally smart, as well as those proposed cards

Dr Ian Banks is a practising GP in Northern Ireland

TOPICAL REFLECTIONS

One-to-one works best for me

The academie debate over supervision has started again in earnest. This time it is being fuelled by Helen Darraeott, head of professional services at the Royal Pharmaceutieal Society, and by the lead article in last week's C&D. But while our (largely) non-practising professional leaders may debate with impunity, it is grass roots pharmacists who have to implement their decisions. I am a grass roots pharmacist and I am hearing the message loud and clear. But I am also a single-handed practitioner, ultimately responsible both legally and professionally for all that happens in my pharmaey.

Yes, I can ensure I professionally cheek all prescriptions before leaving the mechanics of dispensing to my excellent staff. Yes, I can delegate to properly trained and accredited medicines sales staff the responsibility for the appropriate sale of medicines. And, yes, when I undertake medicines reviews for patients in their homes I can remain in contact by mobile phone, but to do so eould be detrimental to my business.

I may be independent but I am also in competition and my livelihood depends on the patronage of my eustomers. I am paid for the prescriptions they voluntarily have dispensed and they purchase medicines based on their confidence in my advice. They want me to be present when required, and not by appointment. I often resent the restrictive nature of my practice, yet it is that very constraint that has enabled me to establish its success.

Some pharmacists may be in the privileged position of being able to manage their pharmaeies by appointment. Others may be able to employ a second pharmaeist or, if they are employed by a multiple, are able to delegate responsibility but, under the strictures of my current NHS contract, I could not presently countenance any of these alternatives.

And, even if I were able to escape from the dispensary, I am not sure how much more professional satisfaction I would obtain. Perhaps I am now too long in the tooth to change, but I actually enjoy the one-to-one contact with all my customers that has enabled me to make a success of community practice.

Daily Mail should try getting its facts straight

I try hard not to react to the editorial excesses of the tabloid press, but last week's headlines in the Daily Mail sorely tried my patience.

'Sex pill free at Tesco" is as emotive a front page headline as I have ever had the displeasure to

There are justified grounds for debating the rationale of using patient group directions to provide emergency hormonal contraception, but

TAR

the social problem of unwanted pregnancy will not be solved by violently attacking one of the initiatives designed to contain the problem in a small and identified socially deprived area.

The Daily Mail sells many millions of copies every day. That it does so by gross misrepresentation is, to me, a major concern.

That it is also purehased at all by so many millions of discerning people is regrettable.

Thornton & Ross to the rescue

After the meteoric rise of SSL International has eome its equally undignified fall. Many years ago I remember an independent northern company called Cupal. Good products, good support and good prices a boon to the independent pharmacy faced with the predatory eompetition of the high street.

> Then, almost overnight, Cupal was consumed by Scton. Acquisition followed acquisition until, very quickly, the giant that is SSL International was formed. But as the number of brands grew so did the difficulty of maintaining supplies and, with it, the trading relationship that had served us both so well

Now, as part of its re-trenchment, SSL has sold to Thornton & Ross many of the brands that have been in short supply for so long ($C \mathcal{E} D$ March 23, p12). They are not the brand leaders demanded by the large supermarkets but they are my bread and butter and I am pleased that they have been sold to Thornton & Ross, another of those friendly northern pharmaceutical companies I have been dealing with for years.

Fi enough

As a modern health regulator, can the Royal Pharmaceutical Society still be a membership organisation in the way pharmacists have been used to? Christine Glover, of the Society's modernisation group, suggests it can

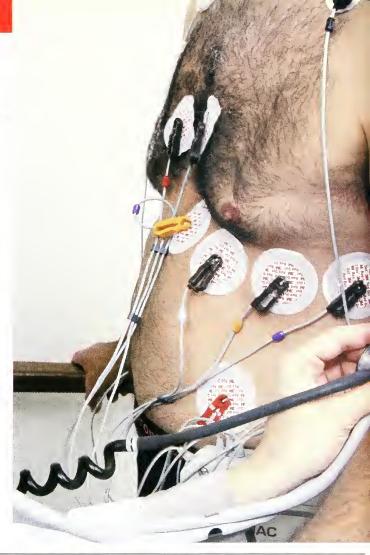
The Royal Pharmaceutical Society is an organisation that has members. But what does membership mean?

Becoming a member of the Society is not like joining a club or investing in a shareholding. To become a member of the RPSGB, an individual must qualify to be on the Register of Pharmaceutical Chemists. This, in turn, confers membership of the pharmacy profession, a status that grants the right to practise.

The public, therefore, sees membership of the Society as a mark of competence and fitness to practise pharmacy. This is the basis of the profession's contract with patients and customers.

In recent times, the public has come to expect higher standards and clearer accountability from organisations like the Society, since part of its remit is to promote public safety.

There is a new perspective about what professional regulation





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means. It is now judged that it goes beyond just maintaining the basic disciplines of good practice. It encompasses all the processes that result in a safe and effective profession, and this includes education and continuing professional development. This is an interesting direction for the Society, which already fulfils a dual role that goes beyond the disciplinary.

The Government has made moves to ensure that regulatory bodies which do not meet its new expectations can be forced to act in the public interest. The Society has no intention of allowing the profession to fall short in such a way: and that is why it is investing heavily in the modernisation of its regulatory remit, functions and processes.

Taking on this new challenge does not detract from the way we have operated until now. The Society has a good record of keeping pharmacy's house in order, and serving the public and profession well. But times change...

By updating the Society's regulatory function to meet modern expectations, we are fulfilling a remit "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy". This is one of the key "objects" of the Society's Royal Charter, which gives the Society its non-statutory remit and powers.

Through this remit, the Society has advanced its role as a professional body, working to support pharmacists with the infrastructure, advice and information they need to deliver quality in their practice.

As well as providing direct support for pharmacists in their professional lives, the Society fosters networking, learning and development through its local branches.

The Society also works to

influence the climate within which policy that affects pharmacists is made and implemented. This is a legitimate role for the Society where professional issues are concerned that affect the public interest.

The Society has no remit or powers to become involved in or to negotiate on matters that relate to the running of pharmacy businesses, or to terms and conditions of employment, which is the job of other organisations.

This does not preclude the Society from having a view on such matters where they affect the profession's ability to deliver quality services.

All in all, the new regulatory climate is a challenge that the Society, with its experience of working as a professional body as well as a disciplinary body, is well placed to meet.

John Ferguson gives his views on the modernisation programme on p36



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The law regarding phormacists supervising their premises creates inconsistencies, as David Reissner, a

partner at the solicitors firm Charles Russell, reports

For more than a century the law has required supplies of certain medicines to be made by a pharmacist or under the supervision of a pharmaeist. In 1986, the Nuffield Committee opened a debate on supervision which has recently been revived at Lambeth. But what is supervision? And is it a real issue, or has the debate moved on?

Section 52 of the Medicines Act 1968 says that, unless a medicine is on a General Sale List, it may only be supplied from registered pharmacy premises by, or under the supervision of, a pharmacist.

A pharmacy contractor's terms of service under the NHS require all prescribed medicines to be supplied under direct supervision, whether the medicines are on a General Sale List or not. Decisions by the courts have made it clear that a pharmacist cannot supervise the supply of a medicine unless he or she is on the premises.

The pharmacist must know what is being supplied and be in a position to intervene to prevent the supply, or give appropriate advice when the medicine is handed over.

If a counter assistant holds a medicine up to a closed circuit TV camera and presses a buzzer to alert a pharmacist in the dispensary to look at the monitor, supervision will not be exercised if the pharmacist fails to look at the

Supplying under the NHS without prescription could result in a disciplinary hearing and a withholding of remuneration. Supplying in breach of section 52 is a criminal offence and the Royal Pharmaceutical Society has a statutory duty to enforce the law. However, it is unclear to what extent this duty is currently being fulfilled. The Pharmaceutical Tournal has not reported a



Cases appear to have been referred to the Statutory Committee instead.

Tying pharmacists to their premises in order to supervise was seen in the 1980s as a hindrance to the development of services, preventing pharmacists from going out into the community.

On the other hand, if there is no requirement for the supply of certain medicines to be supervised, what is there to distinguish between the supply of medicines in a petrol station or convenience store on the one hand, and the supply in a pharmacy on the other?

The answer may lie in the Society's plans to require training of pharmacy employees and to maintain a register of dispensers.

Re-opening the debate in an address to the Society's Council last autumn, the then head of ethics Helen Darracott said: "The important point is that it is the person who is being supervised, not the transaction." That was a change from the Pharmacy and Poisons Act 1933 and the ruling in the familiar case of Roberts v Littlewoods Mail Order Stores (October 20, 2001).

This is technically correct, but is there a practical difference between supervising the supply and supervising the person who makes it? It seems not. In any event, getting rid of the

requirement for supervision will not solve the problem of freeing pharmacists from the dispensary, because there is a separate requirement for personal control.

It is a myth that the Nuffield Report recommended the relaxation of the requirement for supervision. In fact, it recommended the relaxation of the requirement for personal control.

This is a little-understood part of the Medicines Act - its definition of "lawfully conducting a retail pharmacy business".

In order to comply with the definition, premises must be under the personal control of a pharmacist in relation to the sale of all medicines.

The courts have held that a pharmaeist must normally be present on the premises in order for there to be personal control, but personal control is not lost if the pharmacist pops out to run an errand and is absent for a few minutes.

Relatively few cases involving personal control reach the courts, because a lack of personal control is not an offence.

Lack of personal control can mean an offence of a different kind is committed. For example, pharmacists who are lawfully conducting a retail business may lawfully possess controlled drugs. If there is no personal control at a pharmacy, the proprietor may not

be lawfully conducting the retail pharmacy business, and the possession of controlled drugs there may infringe the Misuse of Drugs Act.

you?

Who's

got their

eye on

Over the years, the statutory committee has ruled that lack of personal control of a pharmacy was miseonduct. It has ducked the question of how long an absence would result in a loss of personal control, restricting itself to deciding whether individual cases fell on the right or wrong side of the line (invariably the latter), and sometimes striking off pharmaeists or disqualifying companies from running a pharmacy business, as a result.

When it has been pointed out that personal control is not a legal requirement but part of a definition, the committee has still held that lack of personal control is misconduct. Its rationale being that members of the public are entitled to expect a pharmacist will be available to counsel them.

In what appears to be a U-turn, however, the statutory committee may have reversed its previous position on personal control.

The committee recently heard a case in which no pharmacist had been present, yet no medicines were sold (C&D, January 26 2002). The chairman, Lord Fraser of Carmyllie QC, said: "I have difficulty in understanding, if nothing is sold, what the case is." He is not alone.

If the Society is no longer bringing prosecutions for failure to exercise supervision, the law might as well be changed.

Relaxing the requirement of supervision would need primary legislation. However, with trained and registered dispensers and a new attitude towards personal control on the part of the statutory committee, the door for change would be pushed ajar.



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Between 1% ond 2%t burning/singing, punctate connect epithelial erosion. <1%: blurring of vision, dry eyes, eyelid disorder, conjunctivitis, eye poin, photophobio, subconjunctival haemorrhage. Systemics: <1%t

neodache, sonnolence, skin rash, eczena, urlicaria, dr. moult reaction. Package Quantities, Product Licence Numbers at UK: 1 x 5ml bottle, PL 00101/0614, £9.75 (Basic NHS price). Irei 5ml bottle, PA 914/3/1, €11.52. Legal Category: POM. Dan revision: Morch 8th 2002.

Reference: 1. Greiner JV. Dota on file.

*Effect on itching

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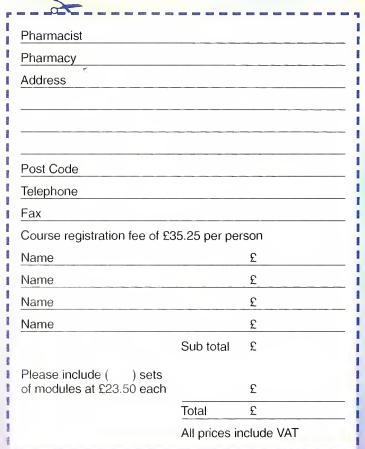
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Pharmacy

Stephen Garner, chair of the Nottingham Pharmacy Development Group, describes how pharmacists can help improve the treatment of gastro-oesophageal reflux disease



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1230), in association with multiple choice questions being published in C&D April 6, provides one hour's continuing education

Only around one in five people has heard of gastro-oesophageal reflux disease (GORD), vet surveys have indicated that about one in four people suffers from the symptoms of the disease and one in three knows someone who suffers.^{1,2} Reflux disease is distinet from dyspepsia or indigestion. It is a chronic and debilitating condition that oeeurs when the acidic contents of the stomaeh persistently flow back into the oesophagus, causing irritation severe enough to affeet quality of life and/or lead to oesophagitis.3

GORD is associated with various disorders of the oesophagus, including transient lower oesophageal sphincter

relaxation, sphineter incompetence and hiatus hernia.

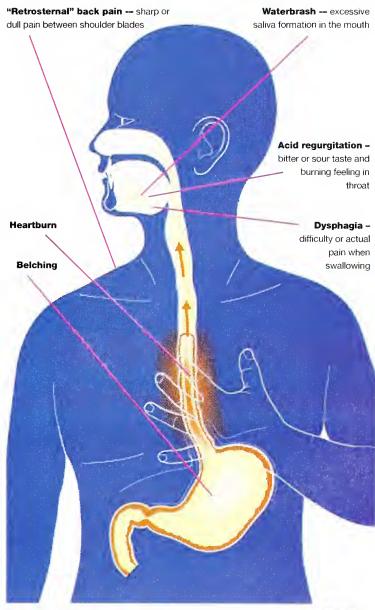
The most common symptom of reflux disease is heartburn.4,5 The availability of antacids in the groeery sector encourages the general perception that heartburn is not a serious complaint. More than one third of people with symptoms of reflux disease do not seek help from their GP, choosing instead to try to manage the eondition themselves with antacids and dietary modifications.5 Their efforts are often ineffective and medical

Continued on page 22

The symptoms of reflux disease: making a differential diagnosis

- Location of the pain. Heartburn: a burning pain beginning in the chest and rising upwards to the throat. Ulcer-like dyspepsia is localised epigastrie pain
- When the symptoms first occurred. How long the person has had them
- Severity and description of the pain. Dull ache, severe, stabbing, sharp etc. Pain is not dominant in dysmotility-like dyspepsia, where symptoms mostly relate to bloating and fullness
- Presence of other symptoms. Acid regurgitation, with difficulty in swallowing in more severe disease
- Frequency of the symptoms. Heartburn more than twice a week
- When the pain occurs. Lying down, after meals. Ulcer-like dyspepsia pain occurs when hungry and is relieved by food; may wake patient in the night
- Factors that worsen the symptoms. Eating certain foods, aleohol. Uleer-like dyspepsia is relieved by food
- Lifestyle factors. Alcohol or cigarettes, overweight, pregnancy OTC remedies tried already
- Other medications being taken. Some may affect oesophageal sphineter tone, see text

- To recognise the symptoms of GORD
- To appreciate the consequences of GORD
- To be aware of the latest thinking on management
- To know how to advise sufferers and when to refer
- To be able to distinguish GORD from dyspepsia



Continued from page 21

intervention becomes necessary.

It is important that pharmacists take particular care to identify people who buy OTC remedies on a regular mass, as use of these products could mask a more serious condition. Further questioning may be necessary, after which the pharmacist may be able to recommend more suitable medication or refer the person to their GP.

Many people experience heartburn at some point in their lives, but this does not necessarily mean that they have reflux disease (for example, many people can suffer from heartburn after eating certain foods). However, when heartburn becomes frequent (that is, on two or more days a week) it is likely that the person is suffering from reflux disease.3 When both heartburn and acid regurgitation are present, reflux disease can be diagnosed with confidence.4

Recognition of reflux disease and the acknowledgement of how significantly the symptoms can affect the sufferer's quality of life could improve the management of reflux disease and acid-related disorders. Sufferers may experience sleep disturbances, irritability affecting relationships at work and home, reduced work productivity and symptoms interfering with social and recreational activities.6-

Pharmacists have a crucial role to play in raising the awareness of reflux disease in the community and ensuring their staff are fully trained to identify regular heartburn sufferers. More people with symptoms of reflux disease would be likely to visit their GP if they understood that the GP would take their condition seriously. Eighty-eight per cent of people would be likely to visit their GP if they knew their symptoms might lead to ulcers or more serious conditions.1 If reflux disease is left untreated it

can lead to:

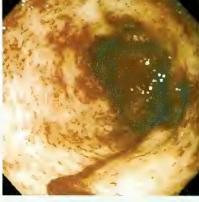
- severe pain and discomfort rcflux oesophagitis
- (inflammation of the lining of the oesophagus, which can cause erosion or ulceration)
- oesophageal stricture (narrowing of the oesophagus) rarely, Barrett's oesophagus
- (damaged oesophageal cells are replaced by ones similar to the intestinal lining - premalignant) still less frequently, cancer of
- the oesophagus.

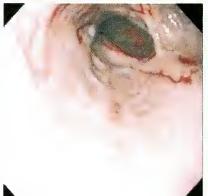
Reflux oesophagitis is the most





Right: severe oesophagitis (heavy drinker)





Left: Barrett's oesophagitis

Right: carcinoma



Example of a 'step-down' regimen

- 1. Full dose proton pump inhibitor
- 2. Half dose proton pump inhibitor
- 3. Standard dose H2-receptor antagonist

common complication of reflux disease and may lead to erosion or ulceration.9 This ulceration and the resulting scarring can lead to oesophageal stricture. A study has shown that the more frequent, more severe, and longer-lasting the symptoms of reflux, the greater the risk of developing oesophageal adenocarcinoma.

In about 10-15 per cent of patients with severe reflux disease,11 the acid damage causes chronic irritation and inflammation resulting in the cells of the oesophageal lining reforming incorrectly. The damaged cells are replaced by ones similar to those in the intestinal lining, instead of normal oesophageal cells. This premalignant condition is called Barrett's oesophagus. 11 A patient with Barrett's oesophagus has a 30 to 40 fold increased risk of developing adenocarcinoma, compared with the general population. However, many individuals with Barrett's oesophagus do not report troublesome symptoms, or report a falling off of symptoms as the

disease progresses. Studies suggest heartburn and acid regurgitation may be less prevalent and less severe than in patients with reflux oesophagitis.12

Treatment

There are various treatments for reflux disease, ranging from lifestyle changes through to antireflux surgery.

Initially, action may focus on changing the individual's lifestyle, such as stopping smoking or eating spicy food. Another option is antacids, which are frequently combined with alginates.

Antacids work by neutralising acid, which is of some use in mild dyspepsia. Alginates work by creating a barrier at the top of the stomach to hold down acidic contents and prevent them from splashing into the oesophagus.

Other options include proton pump inhibitors (PPIs) which work by reducing acid secretion into the stomach by blocking the action of the proton pump in the cells located in the stomach wall (parietal cells). This reduces the amount of acidic contents available to damage the oesophagus. H2 receptor antagonists act in a similar way to PPIs by restricting the creation of acid from parietal cells in the stomach. However, studies have shown that, while useful for the short-term relief of symptoms, they are less effective than PPIs13.

The most drastic intervention is antireflux surgery, but this is not appropriate for all patients and most can be effectively managed with medicinal therapy.

While antacids may be effective against occasional mild dyspepsia they are largely ineffective against reflux disease, although they can give short-term relief from some of the symptoms. Research shows that the "step-down" approach, with PPIs as the first choice of therapy, is a cost-effective treatment regimen. Starting with H₂ receptor antagonists may be more expensive as well as less effective than PPIs.13

Implications for NHS

The National Institute for Clinical Excellence's (NICE) guidance on the use of PPIs endorses these compounds for the treatment of dyspepsia – a term which covers a range of acid-related diseases. In some cases, dyspepsia may indicate more severe conditions such as peptic ulccr and reflux disease,

Continued on page 24



INTRODUCING THE NEW FYBOGEL VALUE PACK

FYBOGEL JOINT ESSENTIAL INFORMATION

Active Ingredients: A unit dose (one sachet or two level 5 ml spoonfuls) contains 3.5g ispagitula liusk Bf. It also comains aspartame. Indications: Conditions requiring a high-fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity; for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, diverticular disease, irritable bowel syndrome and ulcerative colitis. Dosage Instructions: To be taken in water. Adults and children over 12 - one sachet or two level 5ml spoonfuls morning and evening. Children 6 to 12 - half to one level 5ml spoonful of the granules depending on age and size, morning and evening. Children under 6 - to be taken only on a doctor's advice Contra-indications: Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony such as senile megacolon. Precautions and Warnings: Fybogel contains aspartame and should not be given to patients with phenylketonuria. Fybogel should not be taken in the dry form. Side Effects: A small amount of bloating and flatulence may sometimes be experienced during the first few days of treatment, but should diminish on continued use. Recommended Retail Price: Ten sachets - £1.86 ex VAT, - £5.10 ex VAT. Marketing Authorisations: Fybogel (0063/0023), Fybogel Orange (0063/0026), Fybogel Classification: Through registered pharmacies only. Holder of Marketing Healthcare (UK) Limited, Dansom Lane, Hull, HU8 7DS. Date of Preparation: March 2002. Code No: F13/02. Fybogel, Tybogel Orange, Fybogel Lemon, the ybogel logo, and the sword and circle symbol are trademarks.



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Pharmacy Locate

◄ Continued from page 22

including reflect ocsophagits, which may be consignificant impact on the afferer's quality of life. The andelines state that three out of hear adults with dyspepsia do not visit their doctor; they also recommend the current use of PPIs should be reviewed, with the aim of cost-saving. For the treatment of severe reflux disease and to prevent its recurrence, the NICE guidance states that PPIs are the most cost-effective class of drugs.

The BNF recommendations state that, for endoscopically confirmed erosive, ulcerative or stricturing reflux disease, treatment with a PPI usually needs to be maintained at the minimum effective dose.

Results of a recent clinical trial reveal that esomeprazole 40mg daily is significantly more effective than all other PPIs in the treatment of severe reflux disease.¹⁴

At a see and referral

Although reflux disease is not caused by any specific lifestyle factors, ¹⁵ smoking, excess alcohol, certain foods, and being overweight may aggravate the symptoms. Treatment should therefore go hand in hand with lifestyle advice.

This might include advising and assisting sufferers to stop smoking, and helping them to be aware of which foods worsen their symptoms. Common culprits include spicy and acidic foods and fizzy and caffeine-containing drinks. Fatty foods remain in the stomach longer and can relax the oesophageal sphincter, allowing reflux. Alcohol, nicotine and caffeine also affect the lower oesophageal sphincter tone.

Eating small meals is advisable, while eating shortly before bedtime is best avoided, as is lying down within two to three hours of eating.

This is because acid reflux is more likely without the effect of gravity. For the same reason, night-time sufferers may find raising the head of the bed

When to refer

Refer when heartburn and/or other symptoms are experienced at least twice a week – the " H_2 test" – HEARTBURN TWICE A WEEK

Always refer if heartburn occurs together with any of the following:

- difficulty or pain when swallowing
- unintentional weight loss
- persistent vomiting
- vomiting blood
- black, tarry stools (melaena)
- symptoms of anaemia (possibly excessive tiredness, breathlessness, especially after exercise, rapid pulse, pale skin)

beneficial (one or two bricks under the feet of the head of the bed can help raise it by 4-8in).

Pregnant women may experience reflux as the growing womb compresses the stomach. A similar situation can occur when overweight people bend over. In pregnancy, heartburn also results from hormonal effects on lower oesophageal sphineter function.

Drugs affecting lower oesophageal sphincter tone include those with antimuscarinic effects, calcium channel blockers, nitrates and theophylline. Drugs that can injure the oesophageal mucosa include NSAIDs, potassium chloride, alendronate, iron, tetracycline and doxycycline.

Pharmacists' recognition of the symptoms of reflux disease is crucial for appropriate referral and overall improvement in the management of reflux disease/acid-related disorders. Heartburn is clearly a symptom that affected patients can describe readily, and where frequency of occurrence can be critical.

As a quick check when talking to patients who seek advice or who buy antacids frequently, pharmacists may find using the "H2 test" helpful: "Do you have heartburn more than twice per week?" They may also wish to train their counter assistants to incorporate this in the WWHAM questioning of relevant patients.

Stephen Garner was formerly a hospital chief pharmacist with a special interest in reflux disease.

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Actionplan

1. How effective are rafting products in reducing the symptoms of reflux? Perhaps ask the manufacturers of such products to produce evidence. Look on the web (Medscape) or other authorities (BNF, NICE guidelines, reference books).

2. In your practice workbook, list all the medicines you stock that counteract acidity. Against each, note the pros and cons (side effects, contraindications). Share this with your medicines counter staff.

3. Which of the above do you recommend for reflux? Is it the best? Should you reconsider? Are your medicines counter staff aware of your selection and the reasons for your choice? The article suggests H₂ antagonists are one option of drug treatment for reflux. What is the BNF recommended dose? How does this compare with the legal dose for non-prescription sale? Any thoughts on this?

4. Think about the advice you give reflux patients. Why does each factor you discuss affect the course of the condition? Write short notes in your practice workbook to act as a reminder when counselling. **5.** Carry out a small survey of

patients buying "antacids" and record in your practice workbook the ratio of those who had heartburn more than twice a week or less often. From this small sample, did you find a 1:4 ratio?

— sarce learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the Eupport of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 6 issue, which will cover this week's CPP-accredited modules, together with those in the March 2 and March 16 issues.

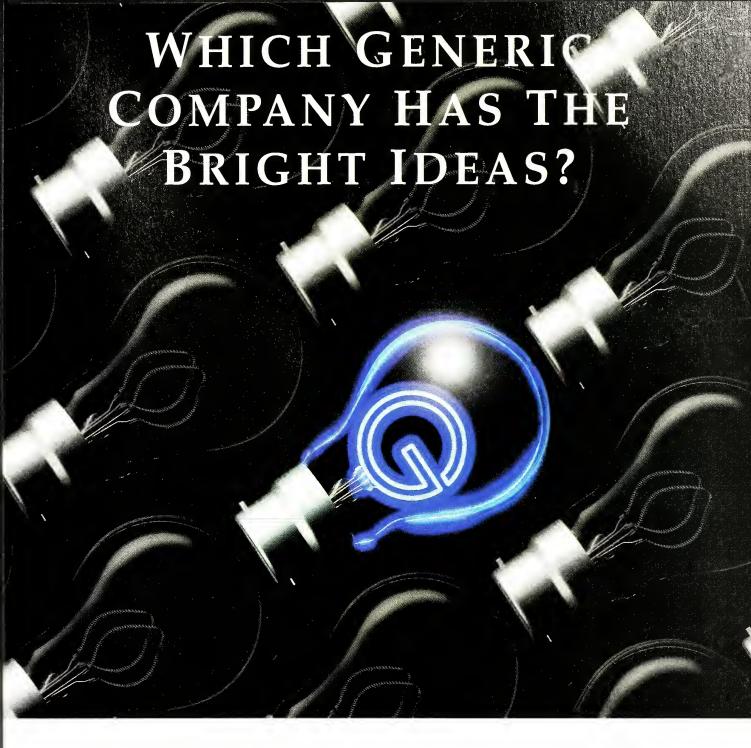
These cover: • Angina (1228) • Central nervous system (1229) • Gastro-oesophageal reflux disease (1230).

A feliphone marking service offers independent verification of results – details on the monthly MCQ papers.









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Los can hailed as 'gold stand' for treating BP

Losartan reduces the risk of stroke by 25 per cent in hypertensive patients compared to atenolol, the current "gold standard" hypertensive therapy, says a study in *The Lancet*.

In addition, losartan reduces the combined risk of heart attack, stroke and cardiovascular death by 13 per cent compared to atenolol. In diabetic patients losartan reduced the risk of cardiovascular disease and death by 24 per cent compared to atenolol. Both drugs have comparable antihypertensive effects, but losartan was better tolerated.

Professor Gareth Beevers, a researcher on the LIFE study, said: "Losartan can help achieve the goals specified in the NSF for heart disease. It is the drug of choice and should become the new gold standard in hypertensive therapy."

Fellow researcher Dr Andrew



The incidence of strokes in hypertensive patients outnumbers heart attacks

Wijnberg added that losartan should be considered as first-line treatment for newly diagnosed patients, saying: "It is not appropriate to wait for NICE approval."

Strokes are the UK's third biggest killer and a major cause of adult disability, said Professor Beevers. He added that 40 per cent of strokes could be prevented if hypertension is kept under control. In hypertensive patients the incidence of strokes, which costs the NHS £2.3 billion annually, outnumbers heart attacks and leaves 300,000 people disabled each year.

Professor Beevers expects the higher cost of prescribing losartan to be outweighed by the savings due to fewer strokes.

Over 9,000 patients with blood pressures between 160-200/95-115 mmHg and with left ventricular hypertrophy (LVH) took part in the study. LVH was chosen because it is an independent risk factor for stroke and, within five years of its appearance, one third of men and one quarter of women are dead.

For more information: The Lancet: 2002; 359:995-1010

NICE rules on arthritis drugs

The National Institute for Clinical Excellence has recommended the selective use of new drugs for the treatment of arthritis.

Etanercept (Enbrel) is recommended for children aged four to 17 years who have active juvenile idiopathic arthritis in at least five joints, and in whom methotrexate was not tolerated or ineffective.

Etanercept or infliximab (Remicade) are recommended as treatment for adults with active rheumatoid arthritis who have not responded well to treatment with at least two disease-modifying anti-rheumatic drugs (infliximab only in combination with methotreaxte).

The estimated cost to the NHS in England and Wales of implementing the guidance is between £58 million and £78m (£3m for JIA and £55-75m for RA).

For more information:

www.nice.org.uk

Caution for tamoxifen trials

A notice regarding tamoxifen and the risks of thromboembolic events was issued by the Department of Health's director of policy, Dr Sheila Adam, on March 21.

The notice says initial findings from a study confirm tamoxifen can prevent breast cancer in healthy women at high risk of disease. So far, the results indicate a reduction by one-third compared to women taking a placebo.

However, the notice also says the study has found that tamoxifen can increase the risk of thromboembolism, particularly during and immediately after major surgery or periods of immobility.

Dr Adam emphasises: "We know that the benefits for women being treated for breast cancer with tamoxifen manifestly outweigh any risks. It is important that women taking the drug as a treatment continue to do so as there is overwhelming evidence that tamoxifen saves lives among women with breast cancer.

"Women should be aware of the symptoms of venous thromboembolism and if they have any sudden onset of breathlessness they should consult their doctor immediately."

Tamoxifen is licensed for the treatment of breast cancer, but has not yet been licensed for the prevention of cancer in healthy women, other than in a trial. Dr Adam is advising women who are otherwise healthy and who may be taking part in the trial for preventative use, to be aware of symptoms of thromboembolic events. The 7,000 women in the trial have been sent a letter recommending the study continues.

• Anastrazole has been shown to reduce the risk of post-menopausal women with early breast cancer developing tumours in the other breast. Results of the ATAC (Arimiex, Tamoxifen Alone or in Combination) study were presented at the European Breast Cancer Conference in Barcelona last week.

Tamoxifen has traditionally been used to reduce the risk of co-lateral tumours. Five years treatment with tamoxifen halves the risk, but anastrazole reduces it by around 75 per cent, according to the study. ATAC is the largest cancer trial ever conducted involving more than 9,000 postmenopausal women worldwide.



Breath of fresh air

Ivax is reminding pharmacists to encourage customers to wash CFC-free inhalers at least once a week to prevent blockages. Instructions for this are included in patient information leaflets, but pharmacists are finding that customers still need reminding.

A clear recommendation to follow each manufacturer's cleaning instructions also appears in the National Asthma Campaign fact sheet on CFC-free inhalers at www.asthma.org.uk

Ramipril reduces stroke

Ramipril has been shown to reduce the incidence of stroke in high-risk patients despite a modest reduction in blood pressure, according to a new study published in the *British Medical Journal*.

In a randomised controlled trial, more than 9,000 patients at risk of stroke (those with vascular disease or diabetes plus another risk factor) were monitored for four and a half years.

Patients in the treatment group received 10mg of ramipril.

The relative risk of any stroke was reduced by 32 per cent in the treatment group and the relative risk of fatal stroke was reduced by 61 per cent.

The authors of the study conclude that widespread use of an angiotensin converting enzyme inhibitor, such as ramipril, in patients at high risk of stroke is likely to have a major impact on public health.

For more information:

BM7, 2002; 324: 699-702



Dazzling NEW look... Same great profits

- ▶ The new style Orbit White pack replaces the 12 pellet flip-top box
 - ▶ Great new metallic design highlights the whitening positioning
 - Consumer research shows the new pack will drive sales even higher



GUM DON'T BIN IT GO



arketwatch

New crops from vartis

On April . Novartis will launch Zaditea (ketotifen 0,25mg per ml) eye drops, a POM to treat seasonal allergic conjunctivitis. The dose for adults and children over 12 years is one drop into the conjunctival sac twice a day.

Ocular side-effects include burning, stinging and punctate corneal epithelial erosion. Systemic side-effects include headache, somnolence, skin rash, eczema and urticaria.

Ketotifen is an H₁receptor antagonist, but studies suggest it also acts as a mast cell stabiliser and by inhibiting infiltration, activation and de-granulation of oesinophils.

Price: £9.75

Pack size: 5ml Pip code: 285-0980 Novartis Pharmaceuticals Tel: 01276 692255.

Product updates

Bristol-Myers Squibb (BMS) has updated the Summary of Product Characteristics for Buspar (buspirone), Zerit (stavudine) and Videx (didanosine).

The dosage of Buspar should be reduced in renal and hepatic impairment, and the section which covers interactions now includes nefazodone.

Patients are also advised to check that Buspar does not affect them adversely before driving or operating machinery.

Zerit now includes a boxed warning about lactic acidosis associated with stavudine treatment. BMS is advising that Videx should be administered on an empty stomach (at least two hours before or after a meal) and the capsules should not be opened and sprinkled onto yoghurt.

For more information:

Bristol-Myers Squibb Tel. 01244 586100.

Generic omeprazole

APS will launch omeorazole capsules in blister packs on April 15. The range will be available in three strengths - 10mg, 20mg and 40mg - and can be ordered via wholesalers or from the company. Pack size: 10mg and 20mg in 28s, 40mg in 7s

Pip code: see Price List Supplement

Tel: 01132 380099.

Frontshop

Benadryl provides once daily answer to allergies

Pfizer Consumer Healthcare is extending the Benadryl Allergy Relief range with the launch of a non-drowsy antihistamine one a day tablet.

Benadryl One A Day tablets contain cetirizine 10mg and are formulated to provide fast-acting, all day relief from the symptoms of hay fever, dust and pet allergies.

The product is available in packs of seven as self-selection and in packs of 14 as Pharmacy-only, It is suitable for adults and children aged six years and over.

Eye-catching orange packaging clearly distinguishes the product from the rest of the Benadryl range.

The brand will be supported by a £3 million marketing programme, including a national TV campaign on air from May 1. The TV commercial will feature the "Don't



let them get away with it" campaign, starring the police swooping in to catch criminals in the shape of flowers. Benadryl One A Day will also be supported with poster advertising, point of sale material and in-store promotions.

Pfizer Consumer Healthcare is

running a series of educational initiatives throughout the hay fever season. Allergy training sessions will be held for pharmacy assistants.

Price: £4.45 for 7 tablets; £7.95 for 14 Pip code: 284-8786 (7); 284-8794 (14) Pfizer Consumer Healthcare Tel: 023 8064 1400.

Stressless helps relieve stress naturally

Dendron is launching a herbal stress relief treatment on April 1.

Stressless is a GSL licensed medicine formulated to offer relief from everyday stress and relieve nervous strain while giving up smoking

The active ingredients are hops 45mg, scullcap 45mg, dry extract of valerian 20mg, and dry extract of vervain 30mg.

The dosage is two tablets three times a day for adults and the elderly. It is not recommended for children under eight years and should not be used in



pregnancy or if breastfeeding.

The tablets come in a handy pocket dispenser in bright coloured packs depicting a tranquil sunrise.

The launch will be supported by

a national press campaign throughout June and July. The campaign will feature a series of advertisements based on everyday stressful situations, with the strapline "relieves everyday stress naturally"

An eye-catching range of point of sale material includes a showcard and an informative stressmanagement leaflet.

Price: £5.95

Pack size: 75 tablets Pip code: 285-2275 Dendron Ltd Tel: 01923 229251.

Nutritional trio offers 'bio-natured' vitamins

NDS Healthcare is launching a nutritional range of vitamins and minerals into healthfood stores and

NDS Baseline contains three different supplements in one multipack.

It is formulated to help maintain health and the immune and healing functions.

The company describes the range as "bio-natured" – each nutrient is matched to an appropriate food form and is then delivered to the body along with the necessary food component with which it is associated in

The multipack includes multivitamins for general wellbeing and to maintain optimum levels of key micronutrients, essential fatty acids for healthy skin and hair and a probiotic for gut health.

Price: £27.50 (multipack of three) NDS Healthcare Tel: 08700 118888

SMA's higher LCP levels

SMA Nutrition has reformulated SMA Gold whey-based baby milk with increased levels of long chain polyunsaturated fatty acids (LCPs).

SMA Gold has been reformulated, in line with conclusions in Acta Paediatrica, that infant formulas should contain 0.2 per cent of total fatty acids as docsahexaenoic acid (DHA) and 0.35 per cent as arachidonic acid (AA).

For more information:

SMA Nutrition Tel: 01628 660633.



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The solution is Daktarin™ Gold, the first seven-day OTC treatment for mild athlete's foot*. The key ingredient ketoconazole, and its strong affinity for keratin', means that not only is there no faster treatment for athlete's foot, but it also offers protection from relapse for weeks and weeks afterwards². So, if you want to help out the nation's feet, recommend Daktarin Gold.

The first 7 day OTC treatment for mild athlete's foot*

www.daktarin.co.uk Enterprise House, Station Road, Loudwater, High Wycombe HP10 9UF

Johnson Johnson MSD

Daktarin™ Gold Product Information.

Presentation: White cream containing ketoconazole 2% w/w. Indications: Tinea pedis, tinea cruns and candidal intertrigo Dosage and Administration: For mild athlete's foot, apply twice a day for one week. For more severe or extensive athlete's foot (eg also affecting the sole or sides of the feet): continue to apply the cream for at least 2-3 days after symptoms have cleared to prevent them coming back. For Dhobie Itch and Candidal Intertrigo: apply once or twice daily for at least 2:3 days after symptoms have cleared. Contra-indications: Hypersensitivity to any of the ingredients or to ketoconazole itself. Precautions: Not for ophthalimic use. Interactions: Note known except possible controsteroid interaction. Pregnancy and lactation: Not to be used in pregnant women. May be used during lactation. Side effects: Irritation, dermatitis and burning sensation may be observed. Overdose: In accidental oral ingestion, consider papropriate methods of gastric emptying Legal Category: P. PL: PL0242/0107. Price: 15g tube £4.99. PL Holder: Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks. HP14.4HJ. Date of preparation: Jan 2001.

Home testing for chanydia

Wellbeing launched a home selftest for coamydia last week.

The test, which is the same as that offered in genitourinary clinics, involves collecting an early morning urine sample. This is then sent to the microbiology department at the University College London Hospital for testing. Results are posted within 14 days and are presented as an "official report" that patients can take to their GP.

Chlamydia is the commonest sexually transmitted bacterial infection and affects about one in 20 women.

It is a major cause of pelvic inflammatory disease, infertility and ectopic pregnancy. Symptoms in women are often non-specific and include change in vaginal discharge, pain on passing urine and spotting between periods.

In men symptoms include discharge from the urethra, severe pain on passing urine and swollen testicles. Chlamydia can be associated with arthritis in

Price: £45 Pack size: single Pip code: 286-9139 Wellbeing Tel: 01622 618725.

Frontshop

Colgate doubles up for freshness

Colgate is launching a dual format combined toothpaste and mouthwash in a liquid gel.

Colgate 2 in 1 is formulated with a light foaming action that helps to clean and freshen the mouth, flowing between the teeth and helping to remove the bacteria that cause bad breath.

The product comes in three variants - Fresh Mint, Clean Mint and Whitening, which helps restore the natural whiteness of the teeth.

The bright, palm-sized pack with a flip-top lid is designed for use at home or on the move.

It is targeted at 18-34 year old men and women with an active lifestyle who are likely to appreciate the cosmetic, as well as the therapeutic, benefits of the product.

The launch will be supported by a £3.8 million national marketing campaign which starts in May with TV, magazine and poster advertising.

Price: £1.99

Pack size: 100ml

Pip code: Fresh Mint 285-6995; Clean Mint 285-6987; Whitening 285-6979 Colgate-Palmolive Ltd

Tel: 01483 302222







Viscotears eye opener

Novartis Opthalmics is supporting Viscotears liquid gel with a pilot advertising campaign in the consumer press for the first time.

Appearing in women's magazines from the end of April, the three-month campaign has been created to promote Viscotears for the long-lasting relief of dry eye in post-menopausal women. It is designed to raise awareness of dry eye and assist people in making the right choice.

Support material includes posters, window stickers, customer leaflets and a booklet for pharmacy

The £200,000 campaign will also involve a medical education initiative, including a mailing campaign to GPs and practice nurses.

For more information:

Novartis Opthalmics Tel: 01276 692255.

Bonjela's blissful relief for teething infants

Reckitt Benckiser is launching banana flavoured Bonjela Teething Gel, specially formulated for young children and infants from two months old.

The new variant combines a local anaesthetic (lidocaine) to relieve teething pain, with a mild antiseptic (cetalkonium chloride) to help fight infection.

The colourless, sugar-free gel may be given every three hours, up to eight times a day, throughout the day or night.

Bright blue packaging highlights the product's suitability for babies "from two months".

The launch will be supported in the spring and summer with a "Blissful relief" advertising campaign in the parenting and consumer press.

Price: £2.75

Pack size: 15g tube Pip code: 284-2979 Reckitt Benckiser pla Tel: 01482 326151.



Revion's soft focus finish

Revlon is launching two cosmetics designed to create a luminous, soft focus finish.

Revlon Skinlights products contain a crystal mineral complex which includes rose quartz, topaz and mother-of-pearl.

Skinlights Diffusing Tints SPF 15 is a foundation formulated to reflect light to diminish flaws while softly lighting skin.

It has a lightweight silicone formula which provides light to medium coverage.

The oil-free product contains vitamins A. C and E with SPF 15 UVA/UVB protection.

It is presented in an easy-to-use pump with luminous packaging and comes in six shades - Ivory, Buff, Nude, Beige, Honey and

Skinlights Illusion Wands are designed to reflect light away from dark, under-eye circles and hide fine lines and imperfections.

The product comes in a "flowthru" pen to allow for easy, controlled application with a light brush applicator tip.

It contains SPF 12 UVA/UVB protection and is available in three shades - Luminous Touch, Light and Medium.

Price: Diffusing Tints £11.99 (30ml); Illusion Wands £7.49 (1.48ml)

Reckitt International Corporation Tel: 020 7284 8700.

Waterproof lashes are in the swim

L'Oreal is introducing Intensifique Mascara in a splashproof and swim-proof formula.

Intensifique Waterproof is designed to give the same lash volume and separation as Intensifique mascara, with the added benefit of a waterproof formula.

The mascara contains D-Panthenol to help care for the lashes and is suitable for sensitive eyes and contact lens-wearers. It is presented in a curved metallic blue casing

Price: £7.99

Pip code: 282-0447 L'Oreal Group UK Tel: 020 8762 4000.



Numark offers risk-free trial on top 50 own brands

Numark is offering its members a risk-free trial on all of its top 50 own-brand products.

Pharmacists who sign up to the programme can order Numark's top 50 own-label products without fear of being left with unwanted stock.

If, after three months, the product has not performed, it can be returned to the wholesaler for a full refund.

Andrew Sollitt, Numark's marketing director, says: "The top 12 Numark own-brand items are OTC medicines, which is obviously a growing area since the loss of RPM last year.

"Customers are looking for a cheaper alternative to branded products but they also want a name and a product they can trust. Own-label OTC medicines give our

pharmacists a real advantage to compete with the grocers in this area."

Numark is also offering the services of a professional merchandiser who will display the products to maximise the sales opportunities.

For more information:

Numark Ltd

Tel: 01827 841200.

Video highlights dangers of pill crushing

Rosemont Pharmaceuticals is launching a video designed to explode the myths surrounding the common practice of tablet crushing and capsule opening.

Entitled Best Practice in Medication Management, the video is likely to be particular useful to pharmacists working with local nursing and residential homes, where staff education now comes under the remit of the pharmacist

Filmed in a specialist nursing home for elderly mentally ill people, the video looks at why pill crushing has emerged and what the dangers of this practice are for both the nurse/carer and the patient/resident.

It also features the legal implications of crushing and opening medication.

For more information:

Rosemont Pharmaceuticals Tel: 0113 244 1400



Cussons bursts onto the airwaves

Cussons is supporting Foamburst Cleansing Wash with a £1.3 million nationwide radio and outdoor advertising campaign over the next three weeks.

This will be backed by a poster campaign at point of sale and on the London Underground throughout April.

A "try me free" neck collar will also be in-store to drive trial, with online and PR activity completing the campaign.

Foamburst Cleansing Wash comes in Moisture Delight, Perfect Balance and Vitality C. For more information:

Cussons (UK) Ltd Tel: 0800 581 001.

New Thermoskin distributor

Sea-Band is the new UK distributor for the Thermoskin range of therapy and support products, which was previously supplied by Pharmstead UK.

The range is designed to treat pain and soft tissue injury to muscles, tendons and ligaments. For more information:

Sea-Band Ltd Tel: 01455 639756.

Oxy cartoon returns to TV

GlaxoSmithKline is supporting Oxy Daily Wash with an animated TV campaign until the end of May.

The Oxy cartoon characters Angela and Chip are back on TV in a commercial that introduces Angela's boyfriend to viewers during their trip to the zoo.

While her boyfriend disappears to buy ice cream, Chip seizes the opportunity to tell Angela about Oxy Daily Wash.

The focus on Oxy Daily Wash reflects GSK's plans to strengthen its position in the washes market. This sector represents one third of the teen skincare market (Information Resources).



The £343,000 TV campaign will run until the end of May. For more information:

Glaxo SmithKline Consumer Healthcare Tel: 020 8047 2700

TVnext wee

Anadin: All areas

Aquafresh Toothpaste Multi Active Whitening: All areas except U,

Astral Moisturising Cream: All areas + C4 & C5

Blistex: GMTV

Clearblue Pregnancy test kit: All areas + C5 except GTV, U, CTV, C4, W

Feminax: GTV, B, G, Y, C4, C5

Kalms: C5

Lucozade Sport: All areas except U, CTV,

Movelat Relief: C5

Nicorette: All areas

Olbas: C5

Oxy: Sat

Panadol: U

Poligrip: All areas except U, CTV

Solpadeine: All areas except U, CTV

PharmaSite for next week: Solpadeine - Window, Zantac - Instore, Germoloids - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Daktarin toes the line

A good foot health campaign from J&J.MSD Consumer

Pharmaceuticals is being timed to coincide with the Flora London Marathon on April 14.

The programme is designed to target runners, who have a higher incidence of athlete's foot, and all marathon finishers will receive a copy of a new Daktarin Gold leaflet with tips about good foot health.

Two advertorials appear in the latest issue of Marathon News. For more information:

J&J.MSD Consumer Pharmaceuticals Tel: 01494 450778

Sales of haircare products are drying up in pharmacies

As part of a series of product category reviews, Information Resources analyses the haircare market in pharmacies, which has been hit by strong promotional activity in supermarkets.

The haircare market was worth £881 million in the year to 27 January 2002, with sales through pharmacies at £75m, representing a decline of 7 per cent on the previous year.

Volume totals have also declined, by 1 per cent overall and by 8 per cent in pharmacies.

The popularity of styles favoured by stars such as Jennifer Aniston has meant that, overall, the conditioners and styling aids sectors have continued to increase their sales at the expense of twoin-one shampoos and hairspray.

Shampoo is the largest sector overall and the second largest sector through pharmacies, with static sales at £293m. Sales through pharmacies total £16m, showing a decline of 6 per cent. The leading pharmacy brand is Johnson & Johnson's Neutrogena with almost double the sales of its nearest rival – Procter & Gamble's Pantene Pro-V.

The most notable shampoo launch in the past year has been Wella's Vivality, which has been going head-to-head with Laboratoires Garnier's Fructis. Both brands have been heavily promoted, especially through supermarkets, and remain just outside the top 10 in pharmacies.

The conditioners sector has seen sales grow by 5 per cent to £169m, with pharmacy sales declining by 3.5 per cent to £9m. The leading brand is P&G's Pantene Pro-V, with Sara Lee's Vitapointe ranked second.

Growth within the conditioners sector has been driven by both regular and intensive conditioning treatments as the trend continues for shiny, healthy looking hair. The recently launched Vivality conditioner has already reached





The haircare market is always subject to the whims of fashion and there is a continuing trend towards low maintenance styles

number 10 in the rankings.

The trend in recent years for hairstyles to move away from formal, sculpted looks has had a direct effect on the hairspray market.

Sales have declined by 10 per cent to £89m and have also decreased through pharmacies by 15 per cent to £8m. The top brand is L'Oreal's Elnett, outselling its nearest rival, Wella's Silvikrin, by almost two to one.

The styling aids sector has grown by 11 per cent overall with sales of £160m, though pharmacy sales have declined by 2 per cent to £11m. The popularity of short hairstyles has helped drive sales of premium products, waxes, gels and creams, with sales of waxes growing by 13 per cent and creams by 7 per cent. However, sales of mousse have declined over the past year by 13 per cent. The largest growing brand within the top 10 was Alberto Culver's Alberto Vo5 Gel, which achieved value growth of 35 per cent to reach ninth

Hair colorants are the largest

sector through pharmacies and the second largest sector overall in terms of value. Sales have declined by 6 per cent to £156m and through pharmacies they decreased by 10 per cent to £28m. The largest growing brand in the top 10 was Schwarzkopf & Henkel's Live Unlimited, with sales increasing by 35 per cent.

The smallest sector within haircare – highlighter/bleach/lighteners – saw the largest growth of 25 per cent to £15.5m. Sales through pharmacies also grew by 14 per cent to £4m. The biggest selling brand was Jerome Russell B Blonde followed by Wella's Hair Streaking Kit and Clairol's Born Blonde.

As the tendency towards more natural, healthy looking hair shows no signs of abating, women will continue to refrain from reaching for the hairspray. The move by women (and men) towards shorter hairstyles has meant that the average amount of shampoo used has decreased. However, people are trading up to more expensive designer haircare brands.

Shampoo

- 1. Neutrogena
- 2. Pantene Pro-V
- 3. Head & Shoulders
- 4. Clairol Herbal Essences
- 5. Elvive
- 6. Organics
- 7. Alberto Balsam
- 8. Johnsons Baby
- 9. Timotei
- 10. Vosene

Conditioners

- 1. Pantene Pro-V
- 2. Vitapointe
- 3. Elvive
- 4. Alberto Balsam
- 5. Gliss
- 6. Clairol Herbal Essences
- 7. V05 Hot Oil Treatment
- 8. Alberto V05 Advanced
- 9. Organics
- 10. Vivality

Styling Aids

- 1. Shockwaves Gel
- 2. Brylcreem Cream
- 3. Amami Setting Lotion
- 4. Alberto VO5 Non-Aerosol Styling Sprays
- 5. Wella Hairset Setting Lotion
- 6. Brylcreem Gel
- 7. Studio Line Gel
- 8. Elvive L'Oreal Mousse
- 9. Alberto V05 Gel
- 10. Shockwaves Mousse

Hair colorants

- 1. Clairol Nice N Easy
- 2. L'Oreal Recital
- 3. Garnier Belle Color
- 4. Just for Men
- 5. L'Oreal Excellence
- 6. Live Unlimited
- 7. Clairol Loving Care
- 8. Viva Colour
- 9. Country Colors
- 10. L'Oreal Feria

Highlighter/Bleach/Lightener

- 1. Jerome Russell B Blonde
- 2. Wella Hair Streaking Kit
- 3. Clairol Born Blonde
- 4. Clairol Highlights
- 5. Sun In
- 6. Nordic Colors
- 7. Garnier Belle Blonde
- 8. Perfect Blonde Highlight Kit
- 9. Perfect Blonde
- 10. Garnier Blonding Contrasts

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suppliers will be offering fantastic deals on some of the biggest brands in the business - just look at the list. here early on either day, because the first 100 customers to register, and who spend over £500 will receive a Æ hi-fi or video recorder - your choice, subject to availability. And the name of every customer who registers each day will go into the hat to win an LG 32" Nicam widescreen television.

You must be there to share in our deals and giveaways, so make sure there's only one entry in your diary for 7th or 8th April, the CBS GENIOS Big Deal Days at Garman Road,



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e.g. 14/12, free stock deals **BOGOF** etc etc. Schwarzkopf Ltd Nutricia Ltd - Cow & Gate, Milupa Colgate Palmolive UK Ltd **GSK Consumer Healthcare Ltd** L'Oreal Golden Ltd Garnier Golden Ltd Lever Faberge Ltd **Cussons UK Ltd** Johnson & Johnson Ltd **Reckitt Benckiser Kimberly Clark Ltd** Gillette Group UK Ltd Alberto-Culver Co. UK Ltd Crookes Healthcare Ltd **Basic Nutrition Ltd**

Drammock International Ltd
Wizz Products Ltd
Designer Cosmetics of London

STV International Ltd

Malibu Health Products
Starion International Ltd

Miles Group – MS George, Banta, Kraft Foods, Comedic Ardale International Ltd

Empress Garland Ltd
Powder and Liquid Products Ltd
Gem International Ltd
Jedmon Products UK Ltd
Barony Universal Products Plc
Accrol (Birmingham) Ltd

Natsons Midland Packaging Ltd

Wella UK Ltd

Galpharm International Ltd

SCA Paper Hygeine Products Ltd

Combe International Ltd

Carter Products Ltd

Jeyes Group Plc

MPM Consumer Products Ltd

Supreme Imports

Cirrus Healthcare Ltd Jenks Sales Brokerage Ltd

SC Johnson Ltd
Richards & Appleby Ltd
Ernest Jackson.Co.Ltd
Bands Ltd
Challs International Ltd
Dendron Ltd
Ken Lamacraft Marketing
Beiersdorf UK Ltd
Coloplast Ltd
Freshaway Ltd

Whitehall Laboratories Ltd

Could you lose an NH

Under the present arrangements for control of entry, independent pharmacists and multiples often struggle to obtain an NHS pharmacy contract.
Once gained, how easily can it be lost? David Reissner, partner at Charles Russell solicitors, reports

Strictly speaking, there is no such thing as a pharmacy contract.

There are statutory criteria which, if met, entitle a pharmacist or company which has undertaken to provide NHS services, to have specified premises included in a pharmaceutical list, and to be paid for providing those services in accordance with the *Drug Tariff*, which calls a person on the list a "pharmacy contractor".

The National Health Service (Pharmaceutical Services) Regulations 1992 say that a pharmacy contractor can be removed from a health authority's pharmaceutical list for the following reasons:

- the contractor dies
- the contractor is no longer a pharmacy contractor
- the health authority determines that the pharmacy contractor has not provided pharmaceutical services during the preceding six months.

There are no other grounds on which a pharmacy contractor can be removed from the list, as the Sandwell Family Practitioner Committee discovered shortly after the control of entry regulations were introduced in 1987.

Just before the regulations came into force, Lloyds had made a new contract application to Birmingham FPC. However, the premises referred to in the application were within the area of Sandwell FPC, to which the application was forwarded. The form reached Sandwell FPC after the new regulations had come into effect on April 1 1987, but Sandwell decided to treat the application as if it had been received on the day it had been received by Birmingham FPC.

Since there was no control of entry at that date, Sandwell did not apply a "necessary or desirable" test, but simply granted the application. When a local pharmacy contractor objected, Sandwell accepted that it had been wrong to include Lloyds in its list and wrote to Lloyds to say it was being removed.

Lloyds applied for judicial review. The High Court held that, even though Lloyds should not have been included in the pharmaceutical list in the first place, Sandwell had no right to remove it, since the regulations gave FPCs no power to correct mistakes.

If a pharmacist who is on the list dies, it is important that his or her

"Health authorities must not use their power to remove chemists from a pharmaceutical list in order to penalise them"



personal representatives first register themselves with the Royal Pharmaceutical Society. They can then continue to run the business for a time, employing a pharmacist if necessary, before the business is ready to be sold. If personal representatives fail to take this step but, for example, register the business in the name of a company, they will not then be able to sell the pharmacy with the benefit of the NHS contract. This is because NHS regulations only allow a transfer of ownership by someone who is already on the list and providing pharmaceutical services.

In a case of a pharmacist who has died or is no longer a chemist, health authorities must remove that person's name from their list unless the personal representatives of a deceased pharmacist are carrying on the business.

Where a health authority wishes to remove from its list a chemist who has not provided services during the preceding six months, they must give the chemist 28 days' notice and allow an opportunity for representations to be made. They must also consult the local pharmaceutical committee.

There is a right of appeal against health authority decisions to the Family Health Services Appeal Authority. In these cases, health authorities and the Appeal Authority must have regard to the fact that removal is discretionary. They also have to take into account the European Convention on Human Rights, which is now part of UK law.

Inclusion on a pharmaceutical list is a "possession" within the meaning of the Convention. The Convention says that individuals and companies are entitled to the peaceful enjoyment of their possessions and shall not be deprived of them except in the public interest and subject to the conditions provided for by law. In other words, health authorities and the Appeal Authority must not use their power to remove chemists from a pharmaceutical list in order to penalise them, or in a way that would be disproportionate, and the power must be exercised in the public interest.

In one case, the Appeal Authority upheld a health authority's decision to remove an appliance contractor from its list because no services had been provided from the listed premises for more than six months, but the appliance contractor had continued to claim payment for NHS services which had, in fact, been supplied from another address. The Appeal Authority disavowed any intention to impose a penalty on the contractor but took the view that the continued inclusion of the

harmacy contract



"We may see more cases in which health authorities try to remove contractors from their lists"

premises on the pharmaceutical list had been a "sham". It was held that the list would also give a misleading impression of the availability of services in the neighbourhood if they were not, in fact, being used to supply appliances.

There has long been a power to disqualify pharmacists (and other healthcare professionals) from providing services under the NHS if the continued inclusion of such a person on the list would be prejudicial to the efficiency of the NHS.

In practice, this power has been little used. NHS legislation has been updated to permit disqualification of anyone obtaining, or trying to obtain, a benefit from the NHS to which he or another person was not

Removal from pharmaceutical lists can often involve issues and procedures which are as complex as those involved in obtaining an NHS contract in the first place. Health authorities are showing increasing awareness of their powers, now strengthened to deal with cases of fraud.

We may see more cases in which health authorities try to remove contractors from their lists - but they will only be able to do so if the facts fall within the wording of the NHS legislation and if the authorities comply with the European Convention on Human Rights.

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What now for fus unique organisation?

Former RPSGB secretary and registrar John Ferguson gives his views on the Royal Pharmaceutical Society's modernisation programme

The Royal Pharmaceutical Society has issued a consultation paper on its future remit and function. Sir Douglas Black, chief scientist at the DHSS in the 1970s, wrote a letter to The Times in March last year in which he defined the forms of consultation he had identified while in the public service.

The first was genuine, exemplified by the Green to White Paper process. Another was the "pretend consultation", in which a decision already taken is put out to allow the later use of the phrase "after wide consultation ...

Although there are suggestions that the final destination of the "modernisation juggernaut" has already been decided, I hope this is not the case. I would, therefore, urge pharmacists to respond to the consultation. The deadline was March 28, but I am sure comments received later will not be ignored.

"Members" – now there is a word that has stirred up some controversy in the past few months. A leader in the Pharmaceutical Journal (December 15, 2001) announced that the Society was not a membership organisation, which came as a great surprise to many. The president eventually had to confirm in the P7 (February 2) that the Society is, and would continue to be, a membership organisation.

There is no doubt that the present debate is about the possibility of changing the very nature of a unique organisation by two developments. First, the splitting of the Society's regulatory and professional roles

and, second, by the Society becoming the registration body not only for pharmacists but also for pharmacy technicians.

The Council suggests that these are two quite separate issues. In fact, they are inextricably linked.

First, we need to be aware of why the Society was founded and how it has developed into a private sector, professional, regulatory and law enforcement body that is unique in UK terms and, as far as I know, throughout the world. The corc question is whether 160 years of positive development should continue to be built on, or discarded.

The organisation was founded in 1841. There had been a challenge by the medical profession, through a Bill in Parliament, to the right of chemists and druggists (the community pharmacists of the

fight any future challenge.

Within months, the fledgling Society had made its intentions clear. It adopted regulation of education and ensuring the competence of those who compounded medicines.

So, even before a Royal Charter was granted (that came in 1843), the Society had indicated its intention to be both a regulatory and professional body.

The 1843 Charter makes it clear that the members of the Society were the community pharmacists of the day. Hospital pharmacy practice was not significant, if it existed at all. It was under the 1843 Charter that the famous Jenkin case was decided in 1921.

In brief, Mr Jenkin resigned from the Council and took what has been described as a friendly action to test the scope of the Society's powers. The court

conditions of employment. It was as a result of the Jenkin judgement that the Retail Pharmacists Union (now the NPA) was formed.

The outcome of the Jenkin judgement has been used to suggest that the Society cannot negotiate on behalf of pharmacists with other bodies. I do not believe that it can properly be interpreted in that way.

It is now being interpreted, according to the consultation paper, to mean that the Society cannot promote sectoral interests within pharmacy. That is wrong.

It has to be remembered that the Jenkin case was decided under the 1843 Charter. One of the Objects of the Society then was "the protection of those who carry on the business of chemists and druggists". This shows that the original Society was a membership organisation for pharmacy owners.

The corresponding Object in the current 1953 Charter is "to maintain the honour and safeguard and promote the interests of the members in the exercise of the profession of pharmacy"

What is now being argued is that the Society can only "promote the interests" of the practising profession as a whole and not, for example, those who practise their profession in hospital pharmacy.

But if that is true then the Society has been acting outside its powers on hundreds of occasions since 1953 when it has promoted

"What is now being argued is that the Society can only 'promote the interests' of the practising profession as a whole"

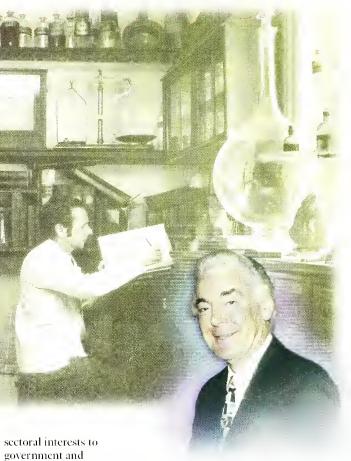
day) to recommend a medicine for the treatment of a minor ailment or to advise on how best to use a

The chemists and druggists in London successfully defeated this move. Jacob Bell, the son of a prominent chemist and druggist, then persuaded his colleagues to form a permanent organisation to be better prepared to

decided that the Society did not have power to "regulate the wages and conditions of employment between masters and their employees who were members" of the Society.

That was a sound decision. One body cannot properly represent the interests of an employer and an employee – both members – in negotiations on wages and





participated in joint working parties with the same objective.

The Society is on stronger ground when it states that it cannot use resources provided by members' fees to promote the interests of individual pharmacists. That was the thrust of legal advice given to the Society when it was asked to join other organisations to meet the legal costs of a court case involving an individual.

But a reasonable interpretation of the Society's powers would suggest that, if a case involving an individual was seen by the Council as having implications for a whole sector of the profession, then expenditure would be justified.

To avoid any doubt, may I say that I believe the fact that the Society is not a negotiating body for the remuneration of pharmacists in any sector is not a weakness but a strength.

When, however, the Society has properly intervened to put to ministers that a remuneration structure in, say, the hospital sector, is inhibiting recruitment, making retention difficult and so lowering the standard of service that can be provided, it has been listened to.

Perhaps this was because it was not the negotiating body making the point, but the professional body, taking into account the

interests of those for whom pharmacy services are provided.

I wholeheartedly agree with the statement in the Consultation Paper that the Society has an obligation to act in the public interest, and that "the pursuit of the Society's Objects under its Charter is not inconsistent with this obligation"

The Paper also makes clear that "the aims of public protection and professional leadership seem to have co-existed in the Society from its early days". Is the Council seeking to invent a problem where none exists and then offer a solution?

It is said the Kennedy Report the inquiry into children's heart surgery at the Bristol Royal Infirmary – strongly influenced government policy on regulation of the health professions.

But where is pharmacy's equivalent of the Bristol incident? I do not believe it exists. The reason is the way in which the Society has exercised its functions not least its disciplinary function over the years, and the way in which it has constantly developed in response to changing times.

Take the Statutory Committee: the whole process is legally sound, transparent and seen to be effective. The Society is also seen

to be accountable and its processes and decisions can be tested for consistency and proportionality So it seems to meet all the criteria expounded by the Government's Better Regulation Task Force.

It would be a massive overreaction to suggest that, because of the Kennedy Report and subsequent developments, the Society has to be split into separate regulatory and professional bodies. After all, as the commentary accompanying the Consultation Paper says, "pharmacy" (which means the Society) "comes closest to reflecting the model described in the Kennedy Report"

It seemed to come as a surprise

to set up a committee to consider health issues in relation to ability to practise was achieved some years ago. And all the work has already been done to secure a widening of the options for penalties for proven disciplinary offences to provide for proportionality in decisionmaking.

Any of the facts or opinions in the Consultation Paper could not justify a major revolution in the name of modernisation.

If technicians are registered, can the Society continue to discharge the dual function of being the registration and professional body for pharmacists? To seek to do so would create tensions within the

"The purpose of registration is to protect the public by restricting activities to persons holding specific qualifications"

to the Society's Modernisation Steering Group that "regulation" includes such activities as controlling education and training, setting professional standards and promoting good practice.

It was recognised by the Society's founders. The 1843 Charter made it clear that it was granted because one of the Objects of the Society was "promoting a uniform system of education of those who should practise". The Charter gave the Council power to hold examinations and to determine the qualifications required of

I can recall setting out, in papers for the Council, the activities of the Society that would fall to a registration body if the Society were to split. Apart from the disciplinary functions (which, in practice, constitute only a small part of the Society's activities), they would include accreditation of pharmacy degrees; administering the pre-registration programme; setting professional standards; and continuing professional development.

An emasculated Society, as an organisation with voluntary membership, is unlikely to attract many members!

What is needed is a fine-tuning of the Society's structure and functions to overcome any weaknesses identified from the Kennedy Report and subsequent government announcements.

Legislation to allow the Society

organisation that would eventually prove intolerable.

If members vote in favour of the registering technicians, they are, in practice, voting for the break up of the Society. However, as the record clearly shows, I am 100 per cent in favour of pharmacists having well trained support staff.

The purpose of registration is to protect the public by restricting specified activities to persons holding specific qualifications. Up to now, the Council has refused to accept any suggestion that specified tasks in pharmacy practice should be reserved for any person other than a pharmacist. Do members want that to change?

I fully support the policy that technicians should be trained to a level that permits a pharmacist to delegate appropriate tasks. The pharmacist's time can then be devoted to the responsibilities that only he or she can discharge, including the professional assessment of every prescription, as required by the Code of Ethics.

The Code also makes it clear that "an identifiable pharmacist is accountable for all activities of non-pharmacists involved in the provision of pharmacy services".

This is repeated in the introduction to Part three of the Code. So accountability for the service and the competence of delegates lies, as it should, with the pharmacist. The Society

Continued on page 38

Continued from page 37

should continue to be involved with other major play macy organisations in deciding the content of the angleourses for support so d

The do each on competency will then continue to be that of the phyragacist. No sound case has yet been made for the registration of technicians, who are not accountable.

If a case is eventually made, the registration authority should not be the Society with its Chartered Object to "safeguard and promote the interest of the members in the exercise of the profession of pharmacy".

The question has been raised by a member whether the greater danger to pharmacists lies in "technicians controlled by the Society" or by some other body. One can imagine the response of Parliamentarians if the Society seeks power to register technicians so their aspirations can be "controlled"

Surely the role of a registering body, in addition to regulation, is to seek to extend the group's activities and influence. It would be impossible for a body with the

Chartered Object quoted above to also promote effectively the interests of technicians.

The Council has announced that it has the support of the Association of Pharmacy Technicians and the Guild of Healthcare Pharmacists for its proposal to regulate (register) technicians. Surprised? You should not be.

The Association has sought

synonymous. Membership is compulsory for all those who wish to practise in an occupation that is reserved for pharmacists.

A Council member suggests that all the problems associated with the Society registering technicians could be overcome by making it clear that, although registered by, they would not be members of the Society. The Society would not, therefore, have could only be used when the person's sole employment is in a pharmacy? Is that enforceable?

Would we be modernising or turning the clock back 160 years because the apothecaries had allowed themselves to be replaced by chemists and druggists?

Or nearly 80 years to the Jenkin ease, this time with the NPA becoming the membership body to provide services to, and promote the interests of, all pharmacists in the primary care sector?

Of course the Society has to modernise. The number of lav members of the Council has to increase. That can easily be accomplished by increasing the number appointed by the Privy Couneil.

The Health Committee must become operational and the disciplinary machinery reformed without delay. But surely we must not destroy the integrity and decimate the strength of a unique professional body which, to my certain knowledge, remains the envy of sister organisations throughout the world.

Members of the Society must appreciate that revolution rather than evolution is on the agenda. If vou care, make vour views known.

"Surely we must not destroy the integrity and decimate the strength of a unique professional body"

registration within the Society for many years. And the hospital sector has expressed support for the registration of technicians when recruitment and retention of pharmacists in that sector has been difficult. Surveys have indicated that most respondents are in favour of the Society regulating support staff, but response rates have been low.

Currently, membership of the Society and registration as a pharmaceutical chemist are

to promote their interests.

The difficulties in maintaining the integrity of the Society as a body representing the interests of pharmacists would be much greater if technicians, as individuals working alongside pharmacists, were registered by the Society

And does the Council have in mind that the qualification "Registered with the Royal Pharmaeeutieal Society of Great Britain as a Pharmacy Technician"

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10.	Is your top rate of tax 20%? If not, why not? Are you therefore paying 40%?						
I1.	Has he reduced your tax liability by 50% annually by restructuring your business. Average tax savings would be about £8,000 p.a.						
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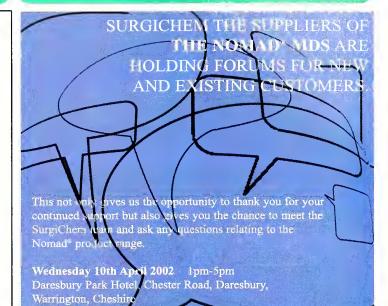
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Trouble down below?

Dear reader, are vote able to help? We receive a saids from around the world so burg advice of some sort, but the lanking for a second, third or arrayseenth opinion on a medical graolem. Our stock response is that we do not give advice over the internet, other than that the enquirer should visit their local pharmacist or doctor.

However, on receiving the following, which possibly originated in Canada, we are wondering if the Met Office or a firm of structural engineers might be more suitable for referral.

The enquiry is reprinted verbatim as follows: "What is a pulse vegetable? I have extreme symptoms for 14 years and I am not able to get the syptoms under control. I am on the strongest meds and Levsin can stop an esophagel spasm. 40 pounds ago I had the trouble. I have not had a drink or smoke for 6 years. Nexium does not totally control. I also take a bedtime med. No pylori. No gall bladder. I am overweight at 185 and 5ft 5in. Have bad knee so 8 miles of walking a day and to stop with plantar fassiitus develoment. Do you have any suggestions. Food hurts. I have extreme belching so hard that the room seems to vibrate sometimes. Very gassy downstairs. Had many many yeast infections. HELP. TS I am female. Surgery in 3 weeks for knee.

In a more serious vein, is this evidence of the emergence of the expert patient? How many of you know what plantar faseiitis is, or how to treat it? By the way, Levsin is hyoscyamine sulphate; Nexium, as you should know, is esomeprazole. Over to you?



It's time the vice president of the Royal Pharmaceutical Society got a chain of office. Our Gillian (right) looked quite undressed recently, compared to the other guests at the annual chairman's dinner of the Leicester and Rutland Branch of the RPSGB. Branch chairman Professor David Upton (second right) is suitably decorated, as is the Lord Mayor of Leicester, Councillor John Allen, and the Lady Mayoress. Branch member Mike Burden was honoured with a long service award, and Prof Upton announced he was about to start his defence of the National Jaguar XJS Challenge which he won in 2001 in CamRx colours. CamRx managing director Rajni Hindocha is a former branch chairman

Priorities, priorities...

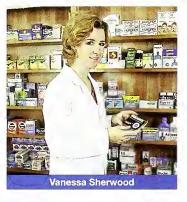
It's good to know that the public realises the worth of the local community pharmacy.

A recent letter in the Lancashire Evening Telegraph (Blackburn) highlighted in particular the important role pharmacists could have in helping to prevent outbreaks of virulent diluvial pneumonia.

We quote: "Why don't more shops, chemists, hairdressers ete sell plastie rainhoods? They are a Godsend. The only one I have at present is better than sliced bread and, yes, I have asked at shops but they always answer that they have none.

"Why, in this weather, don't they stock them? We don't like our hair wet."

Do you feel chastened? Shouldn't someone now devise an LPS pilot to measure the social wellbeing by providing NHS rainhoods? No doubt your business case would show the money that could be saved as fewer eves would be poked out by increasingly uncommon umbrellas.



New clinical editor for C&D

Vanessa Sherwood MRPharmS has been appointed clinical editor at Chemist & Druggist, Vanessa graduated from Brighton University in 1991, and worked for West Kent Health Authority as a prescribing support pharmacist and as a branch manager for Moss before joining $C \mathcal{C} D$ in the summer of 2000 as a reporter.

Waltzing Matilda, or health promotion **Aussie style**

Here's a bonza idea for a health promotion eampaign. It's totally discrete, and easily adapted from rural to urban environments.

It's far better than relying on slot machines in the dunny and, in keeping with NHS ethos, is free at the point of delivery. We are indebted to ananova.com for the inspiration, sic:

'An Australian health service is hanging condoms from trees to promote safe sex in Aboriginal communities. The programme in Fitzroy Crossing, Western Australia, is aimed at tackling the town's high rate of sexually transmitted diseases.

"Posters around the town advertise 'free condoms in a tree near you'. Cannisters of condoms are hung from trees where different Aboriginal language groups traditionally gather.

"Patrick Davies, from the Nindin-lin-gaari Cultural Health Centre, says: 'We were able to target the people from outlying eommunities when they came into town by hanging these PVC eontainers under those trees - they take about 2,500 or 3,000 every month,' he said."

Nothing wrong with Aboriginal libido, then – or are they being used for something else?



Lord Lloyd Webber (centre) presents brothers Vijay and Bhikhu Patel, of Waymade Pharmaceuticals, with the Eastern Eve Business of the Year Award at the Asian Business Awards dinner at the Natural History Museum in London recently. The brothers arrived in the UK from Kenya in 1967 and set up Waymade in 1984. Their business empire is now worth an estimated £290 million

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Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May

increase effects of alcohol. May affect ability to drive and use machinery. Co-existing conditions: Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. Pregnancy and lactation: Consult doctor before use. Side effects: Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the

neurological anticholinergic effects and rarely may become confused or excitable. Retail selling price: Piriton Allergy Tablet 30: £2.85; Piriton Syrup 150ml £3.79. Legal category: Forduct licence numbers: 0036/0088 (Piriton Syrup) 0036/0091 (Piriton Allergy Tablets). Product licence holder Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. Further information is available from Medical and Consumer Affairs GlaxoSmithKline Consumer Healthcare, Brentford, Middlese TW8 9GS, U.K. Date of revision: December 2001. Piriton is registered trademark of the GlaxoSmithKline Group of Companies. © GlaxoSmithKline, 2001.





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Temporary tingling sensation may be experienced. Rarely, hypersensitivity to lignocaine has been reported. Use in Pregnancy: There is inadequate evidence of safety in human pregnancy. Cost: 30 ml tube, 26.99. MA Number: PL 0173/0049. MA Holder: Dermal Laboratories, Gosmore, Hertfordshire SG4 7QR. Sold and Distributed in the UK by: Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA, Légal Category: P. Date of Preparation: February 2002.



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Can't stomach it

Jeremy Clitherow explores heartburn and indigestion

16



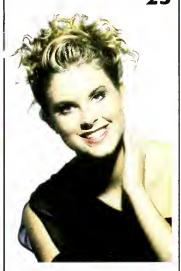
Making the pain go away

Consultant pharmacist Mary Allen presents some "case histories" and matches the painkiller to the pain - and the patient!

20

Spring cleaning skin

Sarah Purcell on showing off a smooth skin this summer



Developing a blind spot

Lesley Keen looks at the biggest cause of blindness in the Western world and asks whether eating your greens could help maintain eye health

27

Cycle of despair

Medics may remain sceptical, but Laura McIntyre examines the reality of PMS





OVER THE COUNTER

Volume 15 Number 94 March 2002



Keeping informed

John Kerry offers advice on pharmacy information points 32

Pack it in

Proven to be the best tasting nutritional supplement and packed with protein, vitamins and minerals,
Nestlé **Build-up** provides supplementation for those with a poor appetite or who simply need a nutritional boost.
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So when next faced with poor appetite in the community, simply pack in that **Build-up** taste.



News



All too often the Government comes out with a new Strategy Document that seems to have little or no relevance to your everyday job as a medicines counter assistant.

But don't write off the new Pharmacy Strategy for Scotland - The Right Medicine - as irrelevant to you, because this paper heralds a "re-engineering" of community pharmacy North of the Border.

In England, we are seeing walk-in centres established from scratch, but the Scots have recognised the wisdom of using and upgrading facilities already in place -

community pharmacies. The Scottish Executive is providing around £750,000 for pharmacies to improve premises and it seems there is more to come. It will mean a new focus on pharmacies and the products and

services they offer. Where Scotland leads, will **England, Wales and Northern** Ireland be following?

One thing is certain you'll want to increase your knowledge to give customers an even better service, so turn to page 7 for a look at the Cambridge Counterpart training course, which is being relaunched this month with reaccreditation.

But, if spring has given you itchy feet, take a look at page 6 for a great new holiday offer for OTC readers with the chance for you to win a family trip to Disneyland Paris, including £250 spending money.

Lesley Keen

Supplement Co-Ordinator

Time to look at untapped potential?

A new survey for Crookes Optrex shows that people in the UK may be turning a blind eye to the health of their vision.

Almost one quarter of the 1,015 people surveyed reported complaints such as tired, red or itchy eyes, but did not seek any treatment.

One in 10 said that they suffered every day and more than half of these



complained of tired eyes, while 36 per cent said their eyes were sore. Smoke and dust or debris were the most common sources of irritation.

Gael MacDonald, senior product manager for Optrex, said: "The survey demonstrates the opportunity for pharmacists to help educate customers about eyecare products and to make more of the untapped profit potential within the eyecare market.'

The Optrex range includes eye lotion, drops to relieve irritation or clear redness. and allergy eye drops Turn to page 27 for our

eyecare feature.

Bright-eyed winners

Congratulations to these 25 readers who wrote in for the Freebie in the last issue of OTC. They each win a pack of Rohto V eye brightener.

Janet Howie, from Sevenoaks, Kent, Helen Sale, from Nottingham; Carol Niland, from Swiss Cottage; Joga Bains, from Sheppey, Kent; Denise Owen, from Newport,

Nelsons launches second homeopathy module

The second module of Homeopathy for Pharmacists, the training programme from Nelsons, is now available.

The new module, the second in a series of four, is entitled How to Counter Prescribe a Selection of OTC Homeopathic *Remedies*, and it focuses on building remedy knowledge.

The emphasis is on giving an introduction to the principles and practice of homeopathy and to build knowledge and confidence in the pharmacy.

Those completing all four modules will be awarded Nelsons Official Stockist status and receive a certificate, a Nelsons Guide and point of sale

Anyone wanting to

nelsons Homeopathy for Pharmacists Module 1

> register for the course should contact: Nelsons Homeopathy for Pharmacists, Learning Modules, Freepost ANG8007, Precision House, Bury Road, Beyton, Bury St Edmunds, IP30 9ZZ, call 08007 836434, or e-mail Nelsons@precisiondbm.com

Pembrokeshire; Mrs V Hardy, from Reading; Mrs J Husenbhai, from Bradford; Glenda Stephenson, from Bishop Auckland; Margaret Edwards, from Wrexham: Mrs H Stuart, from Newtonstewart, Co Tyrone; Andrew Archibald, from Hull; L Macneill, from Sutherland; Lynette Berry, from Taunton; Susan Toomey, from Merthyr Tydfil; Ms BM Robertshaw, from Barnsley; Angie Moran, from Colwyn Bay; Ruth Blundell, from Runcorn; Kirsty McClean, from Dunoon; Claire Bell, from Gateshead; Claire Wright, from Leeds; Kim Adams, from Tottenham; Mrs K Shah, from Wembley; E Welsh, from Birmingham; Mrs JM Capel, from Harrow; Miss N McKnight, from Belfast.

More about merchandising

AAH Pharmaceuticals has a new programme of merchandising training for pharmacy staff.

The programme consists of three modules, covering basic and advanced techniques, and is run at locations away from the pharmacy in a fun, interactive format.

The basic module offers a taster in business skills, while the advanced modules take a more detailed look at aspects of merchandising, including window displays.

Courses are run throughout the year across Great Britain. More information from AAH Pharmaceuticals on

024 7643 2346.

Solgar goes Carbon Neutral

Vitamin and herb specialist Solgar is making sure its company vehicles do not increase the amount of greenhouse gas, carbon dioxide, being released into the environment.

The company is planting about 1,700 native trees this year in long-term woodland.

The project, which is in association with Future Forests, means the new trees will absorb the amount of greenhouse gas produced by company cars, lorries and vans, making Solgar vehicles "carbon neutral".

The company says its products are sold in recyclable bottles and use recycled and environmentally friendly packaging, so taking responsibility for carbon emissions was a natural progression.

Cambridge Counterpart Pharmacy Assistant Development

Counterpart

The Cambridge Counterpart pharmacy assistant development course has been updated and redesigned.

Revisions to the course reflect changes in pharmacy practice since the original was published. A new design has made the course more attractive and easier to use while retaining the same format. Every new module set will be sent out with a free folder to store coursework.

Vyeth

CONSUMER HEALTHCARE IE INTERESTS OF

accredited by the College of Pharmacy Practice for a further three years.

The re-launch coincides with the re-branding of Whitehall Laboratories as Wyeth Consumer Healthcare. Wyeth has pledged to support the Counterpart course for a further six years.

For a sample of the new course and a registration form, see page 7.

course is re-launched

Counterpart has also been

makers of Deep Heat and aspirin," he said. A spokesman for the Mentholatum Company was delighted with the tribute, saving: "It just shows that, when the going gets tough, the tough reach for Deep Heat."

Vic was the second tough guy in a week to give Deep Heat a TV mention. Just a few days before the BAFTAs, lan Botham recalled his Test cricketing days when one of his pranks was to put Deep Heat into his team-mates' jockstraps.



Annie Turner, of J Whitmore in Wolverhampton, is now an Ultra-organised lady! She is pictured receiving her brand new Palm m100 from Prestige Brands sales representative Kelly Hoque. Mrs Turner won the organiser in a competition that was sponsored by Ultra Chloraseptic and featured in the November issue of OTC. Entrants were asked to complete a tiebreaker saying, in no more than 25 words, why they would recommend Ultra Chloraseptic Sore Throat Spray. Mrs Turner said: "The original way to treat sore-throat blues, quick relief, easy to use. Trusted formula in the palm of your hand, Chloraseptic – the number-one brand. The second winner was Mrs Anne Wells, of Co-Op Healthcare in Newcastle under Lyme: "With Ultra Chloraseptic Sore Throat Spray, your sore throat won't get its way!"

Deep Heat is a winner at the BAFTAs!

Amid all the glamour, the red carpet and the Hollywood stars, there was a special tribute for Deep Heat at the BAFTA awards in February.

Stunt co-ordinator and assistant director Vic Armstrong, a veteran of cinema blockbusters including the *Indiana Jones* and James Bond films. received a special BAFTA the Michael Balcon award for outstanding contribution to British cinema. Collecting the award from Lord Attenborough, Vic paid tribute to many of those who had helped his career and, alongside stars such as Harrison Ford, Christopher Reeve and Russell Crowe. he had one more mention.

"I would like to thank the



Web Watch

Sporty new look for SND site

Sports supplements specialist SND has redesigned and relaunched its website after research into what its target audience wanted.

The site has an easy-tonavigate layout, with a constant tool-bar menu. The brand section features the whole SND range, with details of product benefits and usage, and visitors can buy online. Other sections include research and news. Brand manager Colin Cassidy said the company had tried to make the site interactive and useful for consumers and trade. www.snd-uk.com

Rimmel stresses London link

Rimmel has launched a new website focusing on the brand's London links and offering product information and makeover opportunities with eight interactive environments. www.rimmellondon.com

Revlon's new **UK** site

Revlon has launched a UK website similar to its US site, with information on new and existing Revlon brands as well as stockists. a beauty features section and an online competition. www.revlon.co.uk

Pharmacy winners

A number of pharmacy favourites have gained awards in recent weeks: Seven Seas was voted the UK's Most Trusted Vitamin Brand in a Reader's Digest

Herbål Premens won the Best Supplement 2001 award from the health magazine, Zest. L'Oreal's Plenitude Body Expertise range won the bodycare category in the Marie Claire Prix D'Excellence 2001 The Avid 4 Shaving System was best grooming innovation in the *FHM* Grooming Awards 2002, which also saw Periproducts' Retardex Oral Spray win in the best dental care category.

Free tarning co



'Special privileges' exclusively for readers of

OTC

FREE family travel insurance for 12-months – worldwide cover

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HolidaySaver is a superb new package of family holiday savings and benefits. Annual subscription costs only £49.95 for unlimited use of the HolidaySaver booking service with guaranteed Bonus Discounts and Exclusive Offers on holidays, short breaks, cruises and much more. There's a generous 20% discount on travel publications and guidebooks and commission free travellers cheques.

But that's not all - the above 'special privileges' are also provided absolutely free.

This remarkable offer with automatic entry into the special prize draw is available until 30 June 2002 only.

FOR AN INFORMATION SHEET AND APPLICATION FORM:

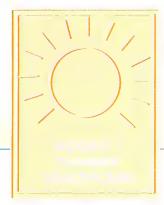
Telephone 0870 2414241

OR

e-mail your name and address to otcholidaysaver@tciuk.co.uk



Cambridge Counterpart Pharmacy Assistant Development









The articles overleaf are taken from the first module of the revised Cambridge

Counterpart training course for pharmacy assistants. Module 1 is on summer healthcare and covers topics including sunburn, travel sickness and insect repellents.

This is just a sample of the course to show you how it is structured. To meet the Royal Pharmaceutical Society's standards for medicines counter assistants you will need to register for the course. You can sign up using the form below. Everyone who registers for the revised course will receive a free folder to store their coursework.

Cambridge Counterpart is a 14-part modular distance learning course that covers everything you need to know to work effectively on the medicines counter. Counterpart is brought to you by Chemist & Druggist and Wyeth Consumer Healthcare.

Test your understanding - sample questions

Only tick the boxes that are correct statements or correct answers to customer questions.



1 UVA light destroys melanin.



2 Sunscreens should offer balanced UVA/UVB protection.



3 "A cool bath will help your sunburn."



4 Chemical sunscreen products produce a protective barrier against UVB rays.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £35.25. Each assistant will also need access to a training pack. A pack costs £23.50 and can be used by up to four assistants.

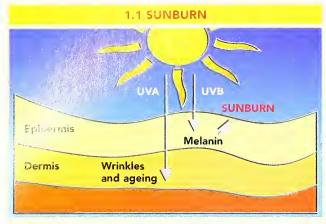
Post your completed form, with a cheque payable to CMP Information Ltd, to Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

Keg			

For further information or to pay by credit card, call Mary Prebble on 01732 377269.

Pharmacist		
Pharmacy		
Address		
	Post Code	
Telephone Fax		
Course registration fee of £35.25 per person		
Name		£
	Sub total	£
Please include () sets of modules at £23.50 each		£
All prices include VAT	Total	£

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Experts believe there is no such thing as a safe tan. A tan is evidence that the skin is responding to the sun's damage by pro-

ducing a protective pigment called melanin. Prolonged exposure to sunlight causes skin ageing and - much worse certain skin cancers.

New cases of skin cancer are diagnosed every year. Some experts believe that the greatest risk factor for malignant melanoma, one particularly dangerous form of skin cancer, is the short, sharp bursts of intense sunlight that people expose themselves to when they go on holiday. However, for many people, the aim of going on holiday is to come back with a tan as well as having a good time when they are away. If you cannot persuade them to give up sunbathing, at least you can offer advice to help them minimise the damage.

Sunlight is a mixture of rays of different wavelengths. One of the most harmful parts is ultraviolet (UV) light, which is invisible. The rays you need to be aware of when selling sunscreens are UVA and

UVB rays penetrate the upper layer of the skin. Although they encourage the production of melanin, they can make the skin redden and burn

UVA rays can penetrate deeper into the skin and damage the elastin and collagen which keep the skin firm and supple. This results in wrinkles and sagging.

People with dark skin are less prone to skin ageing and are less likely to burn because their skins naturally contain more melanin. Those most at risk of permanent sun damage are fair-skinned, fair or redhaired people with light coloured eyes who never tan or who burn before they

The nearer the Equator and the higher the altitude, the greater will be the protection needed. Water and snow reflect ultraviolet light, increasing its effect, so those going sailing or skiing will need extra protection. In tropical countries it is still possible to burn on cloudy days or through thin clothing or sun umbrellas. Do not underestimate the power of the sun in the UK! Many cases of sunburn occur when people are sunbathing in the garden or the park.



Symptoms: reddening skin, blistering.



Advice: if in spite of your good advice sunburn occurs, sufferers should:

- stay out of the sun
- take a cool bath or shower and apply cool compresses
- drink plenty of liquids other than alcohol
- painkillers may be helpful.



Treatment: sunburn creams and sprays containing antihistamines and local

anaesthetics may be useful but they should not be used for long periods or on broken skin. They may cause allergies in some people so should be stopped if irritation occurs. Sunburnt skin should not be covered with dressings. Topical preparations containing aloe vera or calamine can help cool and soothe sunburnt skin.



Refer: to the pharmacist if there are signs of sunstroke or severe burning or blistering, or

if a child is feverish or vomiting.

SUNSTROKE



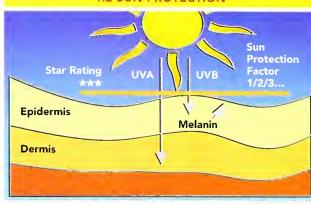
Symptoms: severe sunburn, feeling sick and dizzy, shivering, high temperature,

headache, stomach cramps.



Refer: immediately to pharmacist or doctor.

1.2 SUN PROTECTION





Prevention: sun protection products use two types of sunscreen – ${\it chemical}$ and

Chemical sunscreens work by absorbing the ultraviolet rays, which reduces their effects on the skin. Physical sunscreens consist of small particles which act as a protective barrier and deflect harmful rays away from the skin; titanium dioxide is one example.

Sunscreens should offer balanced UVA/UVB protection.

Many customers may still be confused by sun protection factors and what they mean. Put simply, the higher the Sun Protection Factor (SPF) the more protection it gives against UVB. The SPF refers to the extra time a person can stay in the sun without burning. For example, someone who burns after two minutes in the hot mid-day sun will burn after 30 minutes when using a product with SPF 15 (15 x 2).

A star rating on the pack indicates the level of protection against UVA. This is rather complicated as it also relates to the amount of protection given against UVB. The maximum rating of four stars is given only to those products with a balanced amount of UVA to UVB protection.

As a general guideline, most dermatologists recommend SPF 15 with a three or four star UVA rating for everyone. Customers should start with a high protection factor at the beginning of the holiday. Children should always use high protection and should be encouraged to wear protective clothing and a hat. Babies under six months should be kept out of direct sunlight at all times.

The product should be applied to all exposed areas and re-applied every two hours. It should always be re-applied after swimming; even products described as waterproof should be re-applied frequent-

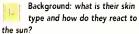
The Meteorological Office has introduced a Solar UV Index into its summer weather reports, to give people an indication of the strength of the sun. The intensity of the UV rays is presented on a scale of 1-20, and is unlikely to be more than eight in the UK.

Key questions to ask: Remember the ABCD prompt.



Age: who will be using the product?

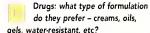
Everyone's skin is different depending on age so more than one type of product may be needed for the whole family.



Fair people who burn easily will need SPF as high as 30 for the first few days, whereas those with dark skins could start as low as SPF8 in Mediterranean countries.



Concerns: where are they aoina?



After-sun products help to moisturise and soothe the skin, but do not usually contain sunscreens so do not protect against sunburn.



Advice: other precautions

 Advise customers to build up gradually the time they

spend in the sun.

- Between 11am and 3pm, when the sun is at its strongest, they should wear a broad- brimmed hat and cover up or stay in the shade.
- Lips, knees and nose need extra protection.
- Children should not run around without clothes but should wear sun hats and close-knit tee-shirts.
- Recommend good quality sunglasses which filter UV light.
- The safest way to acquire a 'tan' is to fake it with creams and lotions which colour the skin.

Showcase

Piriton has a new 'sister', Piriteze

GlaxoSmithKline is launching **Piriteze Allergy** tablets containing cetirizine dihydrochloride 10mg on April 2.

The recent P to GSL switch of cetirizine means the pack of seven tablets (£3.99) will be available for self-selection, but a P pack of 30 (£8.55) is expected to appeal to heavy sufferers. Cetirizine was previously POM in packs of 30.

Advertising on television starts mid-May with the campaign messages focusing on the "one a day" benefits. Training on counter-prescribing for allergies will be available for pharmacy assistants.

GlaxoSmithKline is still promoting Piriton because, although chlorpheniramine is more likely to cause drowsiness, it is still an extremely effective antihistamine. particularly for itching associated with skin conditions.

The company says allergies affect one in four of the population, and Piriteze, like Piriton, wilf be positioned in the allallergy sector, while Beconase will continue to be focused as a hayfever treatment. GlaxoSmithKline Consumer Heafthcare. Tel: 020 8047 2700.



One for the men, too

Fluconazole, the active ingredient in **Diflucan** One oral thrush treatment is now licensed for pharmacy sale for the treatment of "associated balanitis" (penile thrush).

This means that men showing symptoms of thrush can now use Diffucan One alongside their femafe partner. The new indication will be featured on Diflucan One and patient information leaflet.

Pfizer Consumer Healthcare has produced a new educational leaflet to help pharmacists inform men about penile thrush and to help reduce the embarrassment associated with the condition. Free copies of the leaflet are available from the company's advisory bureau. Pfizer Consumer

Healthcare Tel: 02380 628274.



Clean lenses with a blink

Allergan's new in-eye solution allows people with extended-wear contact lenses to clean their lenses without removing them.

Complete Blink-n-Clean is formulated to help remove the lipid and protein build-up, which can cause irritation and discomfort. The solution has lowsurface tension to remove debris and high viscosity to enhance comfort. By reducing lens handling the product adds to the convenience of extended-wear lenses. Allergan Ltd Tel: 01494 444722.

NutriPlus for a recovery boost

Nutricia Life, a new division of Nutricia Clinical Care, is launching nutrition drinks and a chocolate bar formulated to aid the recovery process.

NutriPlus supplies energy, protein, vitamins and minerals to help adufts and children meet their nutritional needs during and after illness.

It is available as a mix to which milk is added, in a "ready to drink" can and as a chocolate bar. Each serving contains more than one-third of the RDA for adults of vitamins and minerals as well as six antioxidants.

The products are suitable for adults and children over the age of three. Nutricia Life is spending $\Sigma 2$ million promoting the range, and pharmacy initiatives include point of sale material and dedicated pages on the NutriPlus website www.nutriplus.co.uk which offers information sheets for pharmacists and their staff. A dedicated Nutricia Life helpline is on 08457 623 686. Nutricia Clinical Care Tel: 01225 768381.



Care hayfever spray has a makeover

Thornton & Ross is introducing a new look for Care Hayfever Relief Nasal Spray.

The spray is now presented in deep blue packaging, featuring a stargazer lily – a particularly rich source

of pollen.
The "P" product (£5.49) contains the steroid beclomethasone dipropionate in a glass bottle with 200 metered sprays, and is suitable for adults over 18.

The spray wifl be

supported by point of sale material and a press campaign in regional newspapers and magazines. Thornton & Ross Tel: 01484 842217.

Veganin has a new look and new formula

Pfizer Consumer Healthcare is relaunching Veganin, its triple-action analgesic with new, contemporary packaging and a new formula.

New Veganin caplets, in packs of 10 (£.85) and 30 **(£4.49)**, contain increased doses of paracetamol (500mg) and codeine (8mg), and now also contain caffeine (30mq). Aspirin has been removed from the formulation. Pfizer Consumer Healthcare Tel: 023 8062 3678.

Germoloids offers spray-on relief

Bayer Consumer Care is adding a new spray product to its Germoloids brand.

The P-licensed Germoloids HC Spray will be the only OTC haemorrhoid spray in the UK, says the company, and its "no touch" application proved popular in pre-launch testing.

The spray format reduces the risk of cross-infection and is more hygenic for

users. As well as its local anaesthetic content, Germoloids HC Spray (30ml, £6.99) contains antiinflammatory hydrocortisone to help reduce swelling. Laser Healthcare Tel: 01202 449700.



Fruity source for Nature-C

New Nature-C from Bioforce is a vitamin C supplement made from fruit. The company says natural sources of vitamin C are most easily absorbed and each chewable Nature-C tablet contains 100mg, the amount which the body can absorb at one time.

The supplement is made to a Swiss formula from acerola, passion fruit, sea buckthorn, blackcurrant and lemon, and contains the complete C complex of bioflavonoids, hesperidin and rutin

hesperidin and rutin. Nature C retails at £6.99 for 60 tablets. Bioforce UK Ltd Tel: 01294 277344.

Seven Seas makes a potent introduction

New from Seven Seas is High Potency Glucosamine Sulphate with Omega 3, a high-strength formulation developed to help maintain healthy joints and cartilage.

Each capsule contains 500mg of glucosamine sulphate – a natural-functioning element made by the body, and present in joints, tendons and ligaments.

Omega 3 is a naturally occurring fatty acid that helps maintain supple joints.

Seven Seas High Potency Glucosamine Sulphate with Omega 3 comes in packs of 30 capsules at £10.49. Seven Seas Health Care Ltd Tel: 01482 375234.

Zinc without the added C

Zeon Healthcare is launching a maximum-strength zinc lozenge without added vitamin C into pharmacies.

Zinc Advance (18 lozenges, £2.89) is designed to help boost the immune system to fight off infections, such as colds, and each 5.5g lozenge contains 15mg of zinc lactate, providing 100 per cent of the RDA of zinc.

The product was developed following research into the

beneficial effects of zinc ions acting locally in the throat. The research shows that adding vitamin C can reduce the effectiveness of zinc ions.

The lozenge is available in two variants: Menthol & Eucalyptus and Lemon & Menthol. Zeon Healthcare Ltd Tel: 01451 812222.

Cleansing calendula from Bioforce

Bioforce has introduced Calendula Complex, a combination of extracts of calendula (marigold) with echinacea and wild pansy, designed to help with lymph and blood cleansing.

The company says the lymph can become sluggish as a result of inactivity, sedentary jobs, exposure to external toxins or a poor diet.

As well as benefits for the skin, Calendula Complex may also help with the problems of painful periods and lethargy.

Calendula Complex is available in 50ml bottles retailing at £7.49.

It is recommended that the product should be taken for two months. Bioforce UK Ltd Tel: 01294 277344.





Strawberry vitamins to chew on

Ernest Jackson is introducing a strawberry flavoured variant of Bassett's **Soft & Chewy Vitamins A, C, D & E**.

The sugar-free, one-a-day pastilles contain 100 per cent RDA of vitamins A, C, D and E, and are suitable for children aged three years and over. They come in packs of 30, retailing at £1.85. Emest Jackson & Co Ltd Tel: 01363 636100.

Makeover for Abidec

Pfizer Consumer Healthcare is relaunching **Abidec Multivitamin Drops** for children in new packaging and a revised formula.

The product retains its distinctive orange packaging, with a contemporary, innovative image, and the new formula meets revised recommended levels of vitamins.

The drops can be taken in milk, juice or cereal, and are aimed at children aged up to 12 years.

Abidec Multivitamin Drops are in 25ml packs retailing at £3.09 and 50ml at £5.25. Pfizer Consumer Healthcare Tel: 023 8062 3678.

Wassen's new Magnesium boost

New from Wassen International is Magnesium-B, a supplement providing 100 per cent of the recommended daily amount of magnesium, and containing synergistic nutrients vitamin B6 and vitamin C.

A pack of 30 Magnesium-B tablets retails at £4.95. It is currently available only in Boots, but will be rolled out to other pharmacies in due course. Wassen International Tel: 01372 379828.

New Concept in herbal relief for indigestion

Herbal Concepts has added **Indigestion Relief** to its licensed herbal medicine range.

The new product, containing capsicum, ginger, black root and fringetree bark, treats the indigestion, nausea and colic often associated with overeating, or eating rich, fatty foods.

Indigestion Relief is in a 36-tablet carton, retailing at £3.49.

Free leaflets, entitled A fresh approach to digestive disorders, are available to retailers.
Herbal Concepts Ltd 01296 689045.



A fresh approach with Nivea Deodorant

Beiersdorf is planning to shake up the deodorant market with the launch of **Nivea Deodorant** into the UK in April.

Already established as the number one deodorant brand in Europe, the range is being launched initially in four formats – aerosol, roll-on, wipes and compact – with aerosol and roll-on variants for both men and women.

The company says the real innovation comes with the pocket-sized compact product, which is only 10cm high and 1.5cm wide, but which lasts as long as a standard 150ml product.

All products except the wipes offer antiperspirant as well as deodorant protection.

The launch is being supported by a £5.6 million multi-media advertising campaign, which begins at the end of April and includes PR, sampling and direct mail. The campaign includes TV advertising with three executions.

The aerosol retails at £2.35, roll-on at £2.25, wipes at £2.19 and compact at £2.59. Beiersdorf UK Ltd Tel: 0121 329 8800.

Vantage cares for baby

A new range of babycare products is the first in a collection of own-brand goods to be launched by **Vantage** this year.

The five baby products are baby

bath, lotion, oil, powder and shampoo, each with a unique formula.

Each product is in a different coloured pack, making it easy to pick out on the shelf, while label designs are fun, with clear typography. The range can be ordered via AAH-Point or Link. AAH Pharmaceuticals Ltd Tel: 024 7643 2000.

Filling the gap for the over 40s

New Macleans 40+ breaks new ground in the dental care category as the first toothpaste designed to meet the needs of older customers.

GlaxoSmithKline Consumer Healthcare says consumers are increasingly seeking added value from their everyday toothpastes, with a tendency to

trade up.
Macleans 40+ (75ml, £2.49) offers a lowabrasive formula,
which is gentle on
dentine exposed by
receding gums; high
fluoride to help protect
against root decay;
and antibacterial
Triclosan to fight the
bacteria that can lead
to gum problems.

to gum problems.
Distinctive gold
packaging underlines
the premium position
and helps differentiate
the product from
others, and the
unusual outer pack
is cut out to reveal the

tube. Macleans 40+ is to be supported by a £3.6 million multimedia post launch package. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700.

More power to whiten

New from GlaxoSmith-Kline is the Aquafresh Powerclean Whitening power toothbrush. Designed to encourage customers to trade up, Powerclean Whitening is available as a rechargeable brush with a compact stand (£17.99) or as an AA battery-powered brush (£11.99), with replacement heads at £4.99.

Both versions offer an oscillating and pulsing action to help loosen stubborn stains and a cross-bristle system to sweep away stains and gently polish teeth. The company says this unique whitening technology helps to restore natural whiteness.

jewel case packs with modern graphics and strong branding. The rechargeable brush is aimed at customers aged 35-54 and the

The

brushes

are in

16- 34-year-olds. The launch is being

battery version at

backed by a £1.3 million TV advertising campaign due to start in April. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700.

Mavala is steeled for success

Mavala's new range of stainless steel manicure instruments can be displayed in a new style counter-top showcase designed to offer sales impact and security.

The premium stainless steel range features seven products, including nail and cuticle scissors, nail clippers, tweezers, and nail and cuticle nippers.

New to the chrome plated range are: Baby Nail scissors designed to make it easy and safe to trim a baby's nails; and a Splinter Tweezer. Mavala has also launched Mavapen, a pen-shaped device that guides cuticle oil, enriched with vitamins E and F, around the contours of the cuticle to smooth and soften the skin. Mavala (UK) Ltd Tel: 01732 459412.

Cream of the tea tree crop

Thornton & Ross is introducing Care Tea Tree Oil Antiseptic Cream. The new product will



complement the company's popular Tea Tree Oil.

The new cream, which retails at £1.69 for 25g, is non-greasy, perfume-free and suitable for most skin types.
Thornton & Ross Tel: 01484 842217.

Kotex's new Combi-nations

New Kotex Combi pantyliners are designed to provide everyday freshness and protection for string or normal undies.

The liner fits briefs like a normal product, but the grooved sides can be folded over for a secure and comfortable fit with thong underwear.

Eye-catching packaging is designed to appeal to users of both types of underwear. Kotex Combi retails at £1.19 for a pack of 20. Kimberly-Clark Ltd Tel: 01732 594000.

Understanding Migraine

New in the Family Doctor Books series is *Understanding Migraine & Other Headaches* by Dr Anne MacGregor (£3.50). Family Doctor Publications Tel: 01202 668330.





Bayer offers 'Best' cystitis education

Bayer has launched the latest addition to its **BEST** (Bayer Education Support & Training) folder for pharmacy assistants with the cystitis module – Understanding cystitis and how to treat it.

The BEST folder, endorsed by the NPA, offers guidance to pharmacy assistants, information on diagnosis and treatment options, a round-up factfile and a quiz to test knowledge on the topic covered.

The cystitis module is the fifth in a series of six, covering common conditions. The next module is scheduled to cover cold sores. For more information: Laser Healthcare Tel: 01202.780558.

New Banta targets the young

Banta, an Australian sun protection range aimed at young consumers, is being introduced in the UK.

The non-greasy sun lotions and gels are designed for 17-28-year-olds, with SPFs from 4 to 25.

Products include
Non-Greasy Gel,
Non-Greasy Spray
and Sun Spray, Oil
Free Faces and Vanilla
Lip Balm, with NonGreasy Macadamia
Butter and NonGreasy Aloe Vera Gel
for use alter sun
exposure. Retail prices
are £2.49-£9.99.

The launch will be supported by a \$\Omega\$1 million marketing campaign, including TV advertising and sponsorship of selected programmes. Sports sponsorship and sampling at music festivals is planned, and the brand will be the main sponsor for the British Surfing Team. Faulding Consumer UK Ltd Tel: 01634 717771.

Bodyform's Micro is the smallest yet!

Bodyform claims to have launched the world's smallest pantyliner with **Bodyform Micro**.

Micro suits any type of underwear and, once fitted, will remain safely in place, says SCA.

Novel packaging comes in designer colours to provide shelf stand out on shelves and the outer wrapper can be discarded, leaving a small pack ideal for a handbag. A pack of 22 retails at £2.10.

An £11 million marketing support package promotes the brand during 2002,



including advertising in the press, on television, in cinemas and a direct marketing campaign. Point of sale material will be available for retailers.

Micro is aimed at the 16-24-year-age group. SCA Hygiene Products Ltd

Tel: 01582 677400.

Exorex clarifies matters

Forest Laboratories Europe has introduced a new look lor the Exorex Management System for mild to moderate psoriasis.

The new packaging is designed to make it clear to psoriasis sufferers that Exorex Lotion (100ml, £14.95) is the key product in the range by differentiating it from the "wash" and "moisturise" elements.

Exorex Hair & Body Shampoo (250ml, £6.49) and Moisturising Cream (100g, £6.49, 250g £12.99) now come in predominantly white packs, while Exorex Lotion remains in its original green packaging. Distributors: Forest Laboratories Europe Tel: 01322 550550.

E45 Junior – makes skincare fun to use

Crookes Healthcare is launching four skincare products in April that are designed for children with dry skin, sensitive, itchy skin and eczema.

The E45 Junior range, in fun pack formats, is for children aged four to 10 and the launch follows research showing that compliance to an emollient routine can be a battle for parents of children with dry skin and eczema.

The four products are: Junior Hand & Body Wash (200ml, £3.19), Junior Cream (75ml, £2.99), Junior Moisturising Mousse (150ml, £3.79) and Junior Shower Mousse (150ml, £3.65).

The launch is being supported by a £1

million marketing campaign. Crookes Healthcare Ltd Tel: 0115 953 9922.

Firming while you tan

New in the Nivea Sun range for summer 2002 is Firming Sun Lotion. The SPF15 lotion contains a biosaccharid active formulation, which, Beiersdorf's says, is designed to counteract the damaging effect that sun exposure can have on collagen. The lotion retails at £11.79 for 200ml.

Three more newcomers to the range are: After Sun Balm with Insect Repellent (150ml, £5.99), a dermatologically approved formula.

After Sun Tan Prolonger (150ml £5.99) contains the tanning agent DHA to help prolong a tan with a self-tanner. The formula ensures that the colour is subtle and streaks are avoided.

Children's Sun Spray in SPF20. The spray, which is green when first sprayed on, has been developed following the success of the SPF30 product. Beiersdorf UK Ltd Tel: 0121 329 8800.

Added protection from Malibu

Budget suncare brand **Malibu** has launched three new products for 2002.

SPF30 High Protection Lotion (200ml, £6.49) is waterproof and offers high protection for adults with sunsensitive skin. It has a three-star UVA rating.

Moisturising Self-Tanning Lotion (150ml, £3.99) comes in new, round-shaped packaging and is said to offer a lasting, natural-looking tan.



Insect Repellent Spray (120ml, £3.99) is a non-DEET repellent that aims to provide up to six hours' protection against most biting insects.

The company is spending £1 million on a TV campaign from May to August. Malibu Health Products Int Ltd Tel: 020 8758 0055.

Briefs

Soothing trio from Avent

Avent has introduced three new soother ranges, each offering products for 0-3 months, three months plus and six months plus. The soothers come in pairs in a carrying case. Cannon Rubber Ltd Tel: 01787 267000.

Wella sponsors 'Me time'

Wella Vivality is sponsoring the first national "Me Time" day on July 4. The day is being launched in association with the women's magazine, *Red*, and Magic FM radio station, when women will be urged to do something for themselves, such as taking time to read, or apply a hair treatment. Wella Great Britain Tel: 01256 320202.

Nucare drops in to rescue

Nucare has launched **Vivicrom Eye Drops** in its agency product portfolio. The sodium cromoglycatedrops are in 10ml packs. Nucare Plc

Tel: 020 8731 2468.



Zantac 75 boosts value

GlaxoSmithKline's new larger pack size for **Zantac 75** aims to revitalise the pharmacy-only heartburn market and meet the needs of frequent sufferers.

The P licence enables GSK to communicate the product's preventative benefits as well as the fact that it offers immediate relief.

Appealing mainly to people suffering heartburn at least twice a week, the new Zantac 75 48s (£10.99) will offer 24-48 days of treatment, with a strong price advantage. The range now has four sizes, with six and 12 available GSL and 24 and 48 exclusive to pharmacy.

The new size is expected to reinforce loyalty among 40-60 year old customers.

Consumer PR and a summer national advertising campaign support the launch, while pharmacy support focuses on point of sale. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700.

Immac mousse sprays away hair

The Immac range of hair removal products is gradually being renamed **Veet** as part of a global brandbuilding scheme.

New packaging announces the name change with the

strapline "Immac soon to be called Veet".

New to the range is Immac Mousse (£4.99) for use in the shower. The mousse, which is sprayed on and rinsed off after eight minutes, comes with a soft sponge to massage the skin while rinsing. It is available in two variants – Aloe Vera & Vitamin E and Citrus & Vitamin C.

The Immac Aquasystem Warm Wax Roll-on Kit launched last year has two new fragrances – Cotton Flowers and Green Tea. Ceuta Healthcare Ltd Tel: 01202 780558.

Newcomers supplement Valupak range

BR Pharmaceuticals is launching eight new supplements under its **Valupak** brand.

The new products all offer one month's supply of 30 tablets and retail at £1.49. The range comprises Glucosamine (500mq), Glucosamine and Chondroitin (400/100mq), Royal Jelly (150mq), Propolis (500mq), Chewable Vitamin C (500mq), MSM (1000ma). Starflower Oil (500mg) and Omega 3 Fish Oil (500mg).

The company says the new products reinforce Valupak's proposition of offering "unbeatable value without compromising on quality".

The company has also extended its range of Valupak herbal remedies.

Joining the existing

products (gingko, ginseng, St John's wort and echinacea) are Alfalfa (500mg), Agnus Castus (75mg), Aloe Vera (600mg), Devil's Claw (250mg), Cranberry (400mg), Saw Palmetto (250mg) and Valerian (100mg).

Each pack in the range contains one month's supply and retails at £0.99. Distributor: The Miles Group Tel: 01484 852411.

Take Advantage of price cut

Roche Diagnostics' blood glucose monitoring systems – the Accu-Chek Advantage and the Accu-Chek Active – are available until April 30 for just £12 each.

Customers wishing to take advantage of the offer need to present a $\Sigma 3$ or $\Sigma 8$ money-off voucher, obtainable from the pharmacist, practice nurse or by calling the Accu-Chek blood glucose meter careline on 0800 701000.

Roche Diagnostics launched the two monitors in 2001 to help different people with diabetes monitor their blood glucose level with minimal disruption to their daily routine.

The Accu-Chek Active, normally £20.00, produces blood glucose readings in five seconds, and the Accu-Chek Advantage, normally £15.00, displays results on a large screen, making it suitable for people Roche Diagnostics is supporting the offer with an advertising campaign in national newspapers, pharmacy magazines and health professional

with poor eyesight.

magazines. Roche Diagnostics Ltd Tel: 01273 480444.

A 'first' for Lynx bodyspray

Lynx deodorant bodyspray has a new formulation with a "Triple Active System" designed to starve the bacteria which cause body odour.

The improvements aim to meet consumer demands for a deodorant which keeps them fresher for longer.

The new aerosol can is a world first, says Lever Fabergé, with a shape oriented to the pack graphics and a press and push activator with no need for a separate cap.

Lynx deodorant bodysprays (£2.69) are in six popular Lynx fragrances. Lever Fabergé Tel: 020 8439 6100.

Animal-free prophy brushes

GAP Research is introducing low cost, disposable prophylaxis brushes which are free from animal bristles. The MGS Prophy Brush uses only manmade filaments and is clearly marked to ally concerns of dentists or their patients. GAP Research Co.Ltd



Lypsyl's fruity relaunch

Lypsyl lip salve has been relaunched with a new formulation, new packaging and a new flavour.

The new formula includes aloe vera and vitamin E and the packaging features a new logo and a range of fruity icons with colour coding for flavours. A sixth flavour – peach – joins strawberry, cherry, lemon, mint and original.

Point of sale outer dispensers are available for each flavour as well as mixed pack variants. Lypsyl retails at £1.20. Novartis Consumer Health Tel: 01403 218111.



Fybogel Orange adds value

Reckitt Benckiser is launching an OTC value pack for Fybogel Orange (150g, £5.99), targeting frequent sufferers of constipation.

Available only through pharmacies, the 34-dose pack will offer a saving of more than 24 per cent compared with the 10-sachet pack.

A national £2 million TV advertising campaign will support the new pack and the current Fybogel range.

The launch will also be backed with window display and shelf materials. Reckitt Benckiser plc Tel: 01482 326151.

Astraí on screen

Dendron is putting Astral Moisturising Cream on TV for the first time in 20 years with Journa Lumley as the "face" of the brand. She wile expear in the £1.25 million campaign which continues throughout April on GMTV, Channel 4 and Channel 5. Astral, which was launched in 1950, is available in pots of 50ml, 150ml and 500ml with retail prices from £1.35 to £6.99.

Dendron Ltd Tel: 01923 229251.

Freewheeling

A **Motilium 10** "symptom" wheel is available free to help educate pharmacy assistants about the symptoms for which the product is suitable. Each section of the wheel focuses on typical symptoms and highlights times through the year when stomach discomfort might be experienced. Johnson & Johnson, MSD Consumer Pharmaceuticals Tel: 01494 450778.

Pain in the bum

Anusol piles treatment is back on the high street with an advertising campaign which continues through April to help break down the taboos surrounding piles and drive consumers into the pharmacy. Three new "pain in the bum" posters will appear on sites near GP health centres with more adverts at motorway service stations and on lamp posts. Point of sale material is available. Pfizer Consumer Healthcare Tel: 02380 620 500.

Chef's treat

TV chef James Martin is continuing to work on Pepcidtwo's Eating for Pleasure campaign throughout the year. He will give advice on menus and recipes for the campaign, which aims to help maximise meal enjoyment at home and on holiday. PR, TV and radio campaigns will focus on building and reinforcing awareness of Pepcidtwo as a combination treatment. Johnson & Johnson. MSD Consumer Pharmaceuticals Tel: 01494 450778.

Showcase



Mosi-Guard's holiday giveaway

Mosi-Guard International has joined forces with Thomson Holidays to offer holiday discounts worth more than £12 million.

'Monty's Great Holiday Giveaway' promotion offers on-pack vouchers on the Mosi-guard Natural insect repellent range. The vouchers are worth £100 towards package holidays in most Thomson brochures, including Gold, Summersun, Cruises, A La Carte and Platinum. The vouchers are found on the aerosol, pump spray, roll-on, stick and cream products. Mosi-Guard International Ltd

Tel: 0113 238 7502.



Take two for the Poli-Grip tango

Poli-Grip is back on TV on a one-week-on, one-week-off basis until at least the end of June.

The $\Sigma 1.3$ million campaign will include a combination of 30-second and 10-second ads, scheduled around peak and daytime viewing.

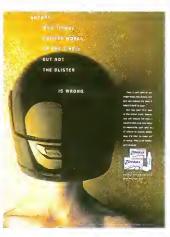
The advert features the return of two glamorous denture wearers on the dance floor. One discovers why the other has chosen Poli-Grip when her dentures go flying in the tango. The new campaign follows a successful first showing

which saw sales up more than eight per cent.

The ads highlight all three Poli-Grip variants and will be boosted with an on-pack offer from April 1, where customers use two proofs of purchase to obtain a £50 voucher towards a British Airways European City Break.

GlaxoSmithKline Consumer Healthcare

Tel: 020 8047 2700.



Zovirax targets the press

A £450,000 national press campaign for **Zovirax Cold** Sore Cream runs from early April to December in 14 high profile titles including Zest, Cosmopolitan, New Woman and Marie Claire.

The "helmet" advert clearly communicates product benefits at both the tingle and blister stages and the image is consistent with the TV advert. The ads use the line: "Zovirax, putting the smile back on your face".

During the summer, new copy will raise awareness of the sun as a specific trigger of cold sores, highlighting the pump format as an ideal holiday healthcare item.

The latest campaign begins a sustained period of support for Zovirax, with more above-the-line support later in the year.

Zovirax is available in a 2q tube retailing at £5.79 and 2g pump at **£5.99**. GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700.

Single-minded TV campaign for Kodak

Kodak is supporting its single-use cameras with a £6 million TV and press advertising campaign, targeting the two key periods for photography summer and Christmas.

The company introduces three improved Kodak Ultra models in April.

The new **Kodak Ultra** Compact Day (£5.99) and Compact Flash (£8.99) are 20 per cent smaller than current models with a look and feel of a reloadable camera. The Kodak Ultra Sport (£9.99) waterproof single-use camera now offers better performance and durability.

New merchandising and point of sale support material is available.

• Kodak is also spending £5 million on national TV advertising to heighten awareness of its picture processing service. Kodak Ltd Tel: 01442 261122.



£3.5 million boost for Solpadeine

The first national TV campaign for pharmacy-only pain reliever **Solpadeine** is on screen until April 21.

The "makes a difference" ads feature a footballer, a telecommunications worker and a grandmother to show how Solpadeine deals effectively with pain. They cover the whole range of tablets, capsules, solubles and Solpadeine Max.

More TV, advertising, point of sale and new educational initiatives will follow.

GlaxoSmithKline Consumer Healthcare Tel: 020 8047 2700.

Testing, testing....

Make-up and advanced formula anti-ageing creams may take years off our faces, but it's all so much wasted effort if our hands give the game away. More and more manufacturers are now offering hand creams designed to keep hands looking young. But how good are they? Over to our team of testers for a three-week trial...

Product:

Nivea Q10 Age Defying Hand Cream (£4.15)

Maureen Harris

Maureen liked the look of the Nivea packaging, the fresh smell of the cream as well as its light, non-greasy texture.

She found it easy to massage into her hands and she saw a definite difference after using it every day for three weeks.

"My skin was softer and did not look dry. It is very good, it makes your skin feel very soft and leaves a barrier on the skin. It makes me feel less ashamed of my hands," she said.

She would use it again and recommend it to friends and customers and says she could sell a lot more "if it was a bit cheaper".

Atrixo Regenerating Treatment with Liposomes (£3.79)

Tester: Lesley Keen

Basic, no-nonsense packaging contained a rich cream with a light and pleasant fragrance. It was easy to massage into the hands and left what felt like a thin silicone barrier on my skin.

Having used it every day for three weeks I have to say that, although my hands felt noticeably softer for an hour or so after each application, there was not much sign of additional and enduring benefits, though it is probably unrealistic to expect to turn the clock back very far in such a short time.

This would be ideal to keep by the sink or wash basin to apply every time you put your hands in water.

Product:

Olay Total Effects (£7.50) Tester:

Elizabeth Stephenson

Elizabeth usually uses Vaseline Hand and Nail Lotion and she did not find the Olay packaging particularly attractive, though she thought the product looked and smelled good and had a pleasant texture.

She found that it was easy to massage into her hands and she used it as

Product:

Boots Repair Hand & Nail Cream (£6.50) Tester:

Patricia Finch

Patricia, who usually uses Vaseline Intensive Care, thought the Boots product looked good and smelled pleasant, though she found the texture a little thin. It was easy to use, but the on-

she liked the look of the Neutrogena pack and thought the product inside smelled pleasant, with a good texture. It did, however, feel a little greasy when she used it and took some time to sink into her skin.

She used the product for three weeks and she says her hands felt softer and looked younger. She thought the product was good value for money and she would recommend it to friends and

customers.

directed for four weeks.

She said that it left her skin smooth and soft and she noticed an improvement all the time she was using it regularly.

"The product was good while I used it," she says, "but there was not a lot of difference in my skin compared with the Vaseline

"It is a nice product and I would recommend it if a customer wanted to spend £7.50 on a hand cream."

She found that it did not have any noticeable effect on the few age spots on her hands and she did not feel that it represented outstanding value for money.

pack directions were in very small type. She tried the product for three weeks but did not notice an improvement over her

regular cream. While she says it represented reasonable value, it was not enough to make her swop brands.

"It would not make me want to change from my regular brand – it is not creamy enough," she said.

Product:

Neutrogena New Hands UV Ageing Repair Hand Treatment (£4.99) Tester: Cath Harris

Cath is another fan of Vaseline Intensive Care, but

Product:

Roc Retinol Actif Pur Anti Ageing Hand Cream (£9.95) Tester:

Fran Millican

Fran normally uses Vaseline Intensive Care or Vichy, but she found that the Roc cream, much the most expensive of our test creams, smelled pleasant, had a good texture and was easy to use, though she found the packaging "too busy".

She used the cream every

She used the cream every day for three weeks and noticed a very slight difference in her hands, with a slight fading of sun

spots.

The packaging suggests that it should be used for 12 weeks for best results and Fran says three weeks was not really a long enough trial.



Can't stomach it?

The term's heartburn and indigestion are often interchangeable in the real world where the general public lives and where heartburn sounds so much more important and indigestion so trivial.

The reality is that they are two completely different conditions, but any single patient may present with one or both disorders at any one time. Dyspepsia is the medical term which encompasses both and, for much of the time, its origin is uncertain.

Science

Starting with heartburn, let's go back to basic anatomy. The stomach produces the hydrochloric acid needed to start off the digestive process and the lining of the stomach is adapted to prevent that acid from eating away the wall of the stomach.

At the top of the stomach

Everyone knows the difference between heartburn and indigestion – or do they? Jeremy Clitherow MBE, FRPharmS, takes a look at what these two conditions really involve for the patient – and the pharmacy

is a valve mechanism, the cardiac sphincter, which prevents the stomach contents from passing back up the throat. However, this sphincter doesn't always work as well as it should, and the oesophagus, the food tube, was never designed to come into contact with stomach acid, so its lining is unprotected.

Reflux

Also, as we age, the tone, or tightness, of the sphincter reduces and this can allow some of the stomach contents to weep past into the throat. Certain foods and drinks, particularly rich and

fatty dishes, curries, strong tea and coffee can trigger this or will make it worse. The patient will immediately feel a burning sensation in the upper chest and the throat as the hydrochloric acid erodes their unprotected tissue and they will notice a bitter taste in the mouth. That's heartburn.

A modern term for the same mechanism and condition is gastric reflux. Bedtime can be a real problem, too. When we lie down to sleep, gravity causes the stomach contents to rest against the sphincter and any weepage produces trouble. A simple remedy is to raise the head of the bed

by a few inches – a common house brick fits the purpose quite well!

Indigestion can be split into hyperacidity, where the stomach makes too much acid for its needs, and food-related gastric intolerance, where certain foods just cannot be digested. Hyperacidity is acid production which is "over the top".

There are people whose gastric intolerance means they dare not eat cucumber or radish, raw carrot or green pepper. Symptoms will be bloating, discomfort or real pain in the upper stomach, perhaps even some nausea and sickness. Children rarely suffer in this way, but the elderly do.

Triggers

Strong alcohol and smoking both aggravate dyspepsia, as does pregnancy. In the case of pregnancy, we have

Continued on page 18

INTRODUCING THE NEW FYBOGEL VALUE PACK

FYBOGEL JOINT ESSENTIAL INFORMATION

Active Ingredients: A unit dose (one sachet or two level 5ml spoonfuls) contains 3.5g ispaghula husk BP. It also contains aspartame. Indications: Conditions requiring a high-fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity; for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated diverticular disease, irritable bowel syndrome and ulcerative colitis. Dosage Instructions: To be taken in water. Adults and children over 12 - one sachet or two level 5ml spoonfuls morning and evening. Children 6 to 12 - half to one level 5ml spoonful of the granules depending on age and size, morning and evening. Children under 6 – to be taken only on a doctor's advice Contra-indications: Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony such as senile megacolon. Precautions and Warnings: Fybogel contains aspartame and should not be given to patients with phenylketonuria. Fybogel should not be taken in the dry form. Side Effects: A small amount of bloating and flatulence may sometimes be experienced during the first few days of treatment, but should diminish on continued use Recommended Retail Price: Ten sachets - £1.86 ex VAT, 150g - £5.10 ex VAT. Marketing Authorisations: Fybogel (0063/0023), Fybogel Orange (0063/0026), Fybogel (0063/0024). Classification: pharmacies only. Holder of Marketing Authorisations: Reckitt Benckiser Healthcare (UK) Limited, Dansom Lane, Hull, HU8 7DS. Date of Preparation: March 2002. Code No: F13/02. Fybogel, Fybogel Orange, Fybogel Lemon, the Fybogel logo, and the sword and circle symbol are trademarks.



An increase in sales will be the shape of things to come

- Convenient
- Economical
- 24% saving for regular customers*
- On national TV for 6 months

So stock up and recommend the Fybogel value pack

0500 208 209

Completing the picture in constipation... naturally



◀ Continued from page 16

to be very careful. Pregnant women should try to avoid all medicines during the first 12 weeks of their term, just to be on the safe side. It may seem unfort, but it is worth it in the hang run. Pregnant mum, should be advised to die tars the risks of taking any drug with the GP before even thinking about taking it.

Stress and anxiety are excellent appetite suppressants. The nervous patient doesn't eat properly, but still produces stomach acid; he lives on his nerves and then wonders why his stomach is so tender. It is another example of a medical vicious circle – deal with the stress and the dyspepsia disappears.

Years ago, GPs used to add the sedative phenobarbitone to their indigestion mixtures. It worked, but the dangers associated with phenobarb are now recognised as being greater than the benefits. Similarly, you may find some older customers who remember the old Mag Trisil mixture with belladonna. The belladonna was added to suppress the gastric secretions, but this has fallen from favour because of the potential risk of harm. Those at risk would include the elderly with glaucoma and urinary problems. Even the young could also experience blurred vision and urine retention.

Warning signs and interactions

Certain warning signs must never be overlooked. These would include unintended loss of weight, blood in vomit, digested blood in the stools, difficulty in swallowing and dyspeptic symptoms which linger despite treatment. Referral to the GP is the answer in every case.

Very many medicines interact with antacids. A comprehensive, but not exhaustive, list may be found in the back of the *British National Formulary*. The more important interactions are with specific antihypertensives, antibiotics, antiepileptics and antiviral compounds.

Treatment options

Over the years we have moved away from using just chemical neutralising agents and towards more scientifically-based medical engineering. There will always be a place for the old fashioned antacid, but today's patients want something better. They also want fast-acting preparations which last a

long time. Water was the original antacid. Drink plenty of water and you will dilute the acid – it works, too! You could then suggest dissolving a spoonful of bicarb in the water to make things work even better. What you would be doing is adding sodium bicarbonate solution to dilute hydrochloric acid. Any schoolboy will tell you that the product will be sodium chloride (salt) and clouds and clouds of carbon dioxide gas. Bicarb works,

but should not be used regularly or frequently, nor for people on low sodium diets.

Peppermint
has always
been a favourite
for indigestion.
The oil is the
active
ingredient, but
be very careful

- the maximum therapeutic dose of peppermint oil, for an adult, is only about one fifth of 1ml, and that's not for indigestion. The oil is also very astringent to the mouth and can cause itching in the lower regions. Toxicity is the major drawback of the oil, so beware of all potential peppermint oil purchasers. Do they want the oil, or is it the essence? Check first, and every time.

Smoking aggravates indigestion and heartburn, so it is as well to ask each indigestion patient if they smoke. If they do not, that's fine; but if they do, advise them that stopping smoking would definitely help and then take him/her over to your colleague at the Nicotine Replacement Therapy counter where you would be delighted to sign them up on the pharmacy's counselled cessation course.

Liquid antacid preparations work quickly but don't tend to last. They have to be taken three to four times a day and at bedtime, so the bottles are quite large! Solid dose preparations are convenient, but at a price and tend not to be as effective as the liquid counterparts.

Typically, liquid antacids will contain suspensions of insoluble alkaline solids.

The aluminium and magnesium types are longer-acting than the soluble ones, because they are retained in the stomach for longer. As with everything, there are advantages and disadvantages. Magnesium loosens the bowels (Epsom salt is magnesium sulphate), while aluminium constipates. Some have activated silicone added as a surface active agent and bubble dispersant. It also has a value in treating hiccups and colic.

Chalk formed the basis of many older antacid tablets. It works – and it is long acting – but there is always the risk of a rebound acid secretion. Calcium also reacts with certain

antibiotics, particularly the tetracyclines. The interaction is not harmful in itself, it just inactivates the antibiotic and allows the infection for which the antibiotic was prescribed to develop unchecked.

There is also a risk of distorting the body pH balance and producing alkalosis in longterm use.

"Rafting agents" produce a raft of low density antacid which floats on the surface of the stomach contents and acts in two ways. First as a basic antacid, then as a protective layer which coats the throat to protect it from any ascending acid.

Other medicines can be the cause of the trouble. Aspirin is a weak organic acid, but if it is left in a warm, damp environment for any length of time, the aspirin molecule turns into neat salicylic acid, the active ingredient in many wart paints and corn cures. If aspirin is "going off", it will smell of vinegar. Moral – keep the package well closed and check for deterioration before use.

Fad diets are notorious for causing dyspepsia. To make a conscious decision to avoid one particular type of food or to live on only one other type is asking for trouble and the maxim has to be "everything in moderation and very little in exclusion". If in doubt, seek the help of the practice nurse or the dietitian at the local surgery.

H2 antagonists

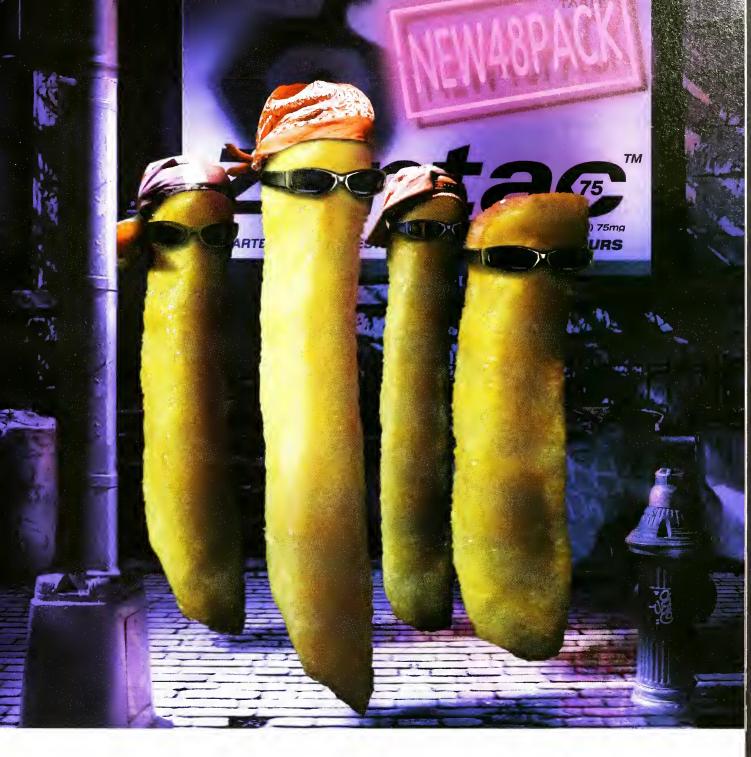
These are the stars of this and the last century. They have revolutionised the treatment of both stomach ulcers and dyspepsia. When they were deregulated to Pharmacy-Only Medicines (but only for the treatment of dyspepsia, not ulcers) that move gave the general public access to modern potent products which proved safe and effective and needed to be taken once or twice daily.

The "H2" in the title refers to the H2 receptor which is responsible for triggering the production of the hydrochloric acid from the parietal or oxyntic cells in the stomach wall. These H2 compounds block the receptors and stop any further triggering activity.

The market-leading product now outsells all the competition. Indeed, it is acknowledged and documented to be the largest selling prescription medicine of all time. That's some heritage and it gives us, and the OTC customers, confidence if in any doubt.

Counselling Points

- Overindulgence is a factor
- Antacid preparations destroy the benefit of enteric coated tablets
- Avoid antacids and antibiotics together
- Eat smaller and lighter meals, at regular intervals
- Forget those crash diets
- Forget fry-ups
- Avoid those vindaloos, especially after a night out at the pub
- Ask if they are taking any analgesics. Aspirin is an irritant to the stomach, as can be some of the NSAIDs
- Double check to make sure they aren't asthmatic too
- If in doubt, stick to paracetamol
- Many other analgesics also contain aspirin check the label to be sure
- Stress and anxiety are strong triggers
- Watch the formulae of the mixtures some are very high in sodium, others in sugar



BIGGER PACK. BIGGER PROFIT.

Zantac 75 is now available in a pharmacy-only 48 pack, so that you can offer your customers extra value while earning good profit on return for your pharmacy.

Zantac 75 is the fastest growing pharmacy-only heartburn treatment, and is driving category growth, offering sufferers a once daily stand against food attack. You can even recommend Zantac 75 to prevent an attack altogether.



ranitidine (as HCI)

A long-lasting force for comfort

antac 75 48's Product Information

resentation: each tablet contains 75mg ranitidine. Ises: Symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity and prevention of eartburn, indigestion, acid indigestion and yperacidity associated with consuming food and rink. Dosage and Administration: Adults and hildren aged 16 and over, one tablet. For prevention f heartburn and indigestion associated with food and

drink, one tablet half to one hour before eating or drinking. No more than

four tablets should be taken in any 24-hour period. Contraindications: Hypersensitivity. Precautions: Treatment should be restricted to maximum of 14 days continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after 14 days continuous treatment. Should not be taken by the following groups of patients unless under medical supervision: patients with renal or hepatic impairment; patients under regular medical supervision or suffering from any other illness or taking medication; patients middle aged or older with new or recently changed symptoms of indigestion; patients with unintended weight loss; patients taking NSAIDs: patients with a history of porphyria: patients who are pregnant, trying to become pregnant, or breast feeding. **Side Effects:** Generally well tolerated. Rarely changes in liver function tests, hepatitis, jaundice, acute pancreatitis, leucopenia, jaurioce, acute parioreatitis, leucopenia, hrrombocytopenia, agranulocytosis, pancytopenia, marrow hypoplasia, aplasia, hypersensitivity reactions, bradycardia, A-V block, headaches, dizziness, confusion, depression, hallucinations, involuntary movement disorders, skin rash, vasculitis, alopecia, musculoskeletal symptoms, impotence and

breast swelling/discomfort in men. See SPC for further details. Legal Category: P RSP (ex VAT): Zantac 75 48's £9.07. Product Licence Number: PL 10949/0223. Licence Holder: Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. Further information available on request from Medical & Consumer Affairs, GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford TW8 9GS. **Date of Revision:** February 2002. Zantac 75 is a registered trademark of the GlaxoSmithKline Group of Companies. **Reference:** 1. IRI: All Outlets, 2001.

Making the pair

It can be a bit of a headache to know which painkiller will be best for a particular customer, so it may come as a relief to know that most OTC analgesics contain one (occasionally two) of just three drugs – aspirin, paracetamol and ibuprofen.

Pain is usually a warning sign that damage has occurred in our bodies, telling us we should take action to treat it or rest it.

Analgesics work either by calming things down near the source of the damage and stopping pain messages being sent to the brain, or by blocking pain feelings within the brain.

All three work close to the site of the damage. Aspirin and ibuprofen stop the formation of prostaglandins, chemicals released when tissue is damaged and which cause inflammation. They may also cause feverishness, and muscle cramps in the womb, so aspirin and ibuprofen can help stop pain and feverishness and reduce cramps associated with period pains. They are also good for inflammatory conditions like arthritis and muscle strains and sprains.

However, these drugs can irritate the stomach lining in some people because prostaglandins also protect the stomach lining from the acid which breaks down food as part of the digestive process and the drugs can block this effect. Longerterm use in a vulnerable person can pose a real risk.

Aspirin and ibuprofen can also cause the airways to narrow, so could trigger an asthma attack, or affect other chronic respiratory problems.

Paracetamol is not so good at reducing inflammation but works very well to control pain and is good for bringing down a temperature. Although safe in normal use, paracetamol is toxic in overdose, and the difference between a safe and unsafe dose is quite small.

Some OTC analgesics may also contain small amounts of codeine or dihydrocodeine which block pain in the brain.

It is important to recommend the right drug, and this means learning:

what all the products on your shelves contain



 which analgesic is best for the conditions described by the patient
 any other circumstances

• any other circumstances which might affect the choice – eg is the patient taking any other medicines? Are they old or young? Are they pregnant? Let's consider some imaginary customers:

Helen Jones

Helen is 18 and wants something for period pain. What would you ask her and what would you recommend? You could ask:

has she already taken any medicine for the problem and, if so, what?

 does she suffer with asthma or indigestion?
 is she is taking any medicines from the doctor or has she purchased OTC for any other problems?

Selling an OTC analgesic to Helen is unlikely to cause any problems, but you should ensure that:
she isn't already taking other painkillers. She could be taking ibuprofen as Nurofen, and end up buying some generic ibuprofen, for example. Or, worse, she may already be taking a stronger anti-inflammatory drug on prescription

she isn't taking anything containing paracetamol (including some cold



remedies) as she may double-dose, which could be very dangerous

• there is no risk of ibuprofen triggering an asthma attack. Most people are OK with ibuprofen, but you should consult the pharmacist, who may suggest Helen tries ibuprofen, but stops if she feels wheezy after taking it, or may want to play safe and suggest paracetamol

 Helen doesn't suffer from indigestion. If she does, ibuprofen and aspirin should be avoided, and paracetamol is the best choice

• Helen isn't taking medicines for another condition, which could result in double-dosing. You should always check with the pharmacist if Helen says she is taking other medicines.

As long as Helen has no complications, ibuprofen is the drug of choice because it will help to reduce the cramps as well as the pain.

o cludy

Laura Green

Laura is often in the pharmacy buying items for her toddler, Charlie, who seems to be a bit of a handful. Today, Laura buys nappies, then asks for some painkillers – she has a bad headache and lately she has had backache.
You could ask:

how long she has had each symptom

whether she has taken any medicine for either symptom, or done anything else to ease

the problems whether she has had back problems before

 whether she is taking any other medicines, including OTC remedies for a cold – many contain paracetamol
 whether she is pregnant
 what she thinks might have caused her backache.

You could also check whether she is getting enough sleep – tiredness and tension can cause headaches. Laura's headache is most likely to be tone-off tension headache – probably from having to

pe with a demanding twoor-old!

Her back problem may be smaple muscle strain from turing Charlie or heavy shapping, or it may be more problematic, requiring referral to the doctor. If Laura is pregnant, the increased circulating hormones during pregnancy can cause loosened joints, so she should take care when lifting.

Her back pain could even indicate a kidney infection, so do ask the pharmacist if things aren't straightforward.

As with Helen, you should also check whether Laura suffers from asthma or indigestion. Don't forget that paracetamol is toxic in overdose and, although it is very unlikely, always be alerted to any customer who appears very upset or agitated just in case they



are intent on taking an overdose.

It is important to know whether Laura is pregnant, which she may be, given her age and that of Charlie.

Women should avoid taking ANY medicines in the first three months of pregnancy as this may harm the developing foetus. Laura should be referred to her GP if she is in the early stages of pregnancy.

Both ibuprofen and aspirin can affect the pregnancy and may affect the foetus in the final three months, particularly the last few weeks, and they may delay labour and also increase its duration.

Aspirin can cause bleeding and a risk of haemorrhage. Aspirin should also be avoided during breast-feeding. Paracetamol is not known to be harmful so, if Laura is more than three months pregnant, she could take this in

the short-term.

In the absence of any of the contra-indications, provided Laura's answers were straightforward, ibuprofen (or soluble aspirin) would be a good choice for Laura, for both symptoms. She should, however, see her GP if her backache continues.

Jim Black

Jim Black is in his early 30s and is complaining of a

Continued on page 22

Reach for the Power of Propain



Specially formulated, powerful ingredients help your customers through a migraine attack. Propain' helps relieve nausea and prevents vomiting. Also recommend Propain' for headache, period pain and muscular pain.



Paracetamol, codeine phosphate, diphenhydramine hydrochloride, caffeine.

OVER THE COUNTER 30 March 2002

Continued from page 21

terrible headache and stomach pains. As well as remembering to ask whether he suffers from asthma, or is taking any other medicues you could asr

how long he has had his symptoms

what he means by "stomach pains" - does he mean stomach (above the waist) or abdominal pains (below the waist and

more likely bowel-related) whether he has any sickness or diarrhoea

whether he thinks the headache and stomach pains are connected and what he thinks may have caused them

how severe the pains are what, if anything, he has already done to treat the

symptoms.

Careful questioning will help to determine whether Jim is suffering the effects of over-indulgence, in which case paracetamol and plenty of water should help. Aspirin or ibuprofen would not be a good idea in view of his "stomach" pains. Unless Jim's answers point

to simple over-indulgence. you will probably ask the pharmacist to see him. His stomach pains could be stress-refated and may indicate indigestion (even the start of an ulcer).

The pharmacist may recommend an indigestion remedy and an early appointment to see the doctor if the pains persist.

Abdominal pains could indicate irritable bowel disorder, which would require a GP appointment, with paracetamol to help with pain in the meantime.

Very severe abdominal pain will require a doctor's diagnosis as soon as possible



in case of appendicitis or any surgical emergency.

Anne James

Mrs James is 50 and is often in the pharmacy collecting prescriptions for her elderly parents. One day she asks for something for headaches. She says she "always seems to have a headache these days" and wonders if it may be to do with the menopause.

You could ask: how often she gets the headaches

🥯 how long she's been

getting them whether she is taking any medicines to treat them

🥯 whether she is taking medicines for anything else whether she has any other symptoms such as visual disturbances, or feeling sick, which could suggest migraine.

Many women experience more headaches at the menopause and hormone replacement therapy (HRT) may help. On the other hand, some women find HRT can cause headaches and may increase migraine attacks.

Some frequent headache sufferers may have a condition known as chronic daily headache (CDH). This can be a side-effect of medicines, so the pharmacist should check whether the customer is taking any

prescription or OTC medicines which might be the culprit. Ironically, some painkillers, particularly those containing codeine, can cause CDH because of a rebound effect. The symptoms usually stop when the medicine is discontinued.

Mrs James's headaches may be tension-related - she has a busy life looking after her elderfy parents and running her own home, and she may need to reduce this tension. Simple painkillers may help in the short term but won't stop the fieadaches from coming back.

Medicines taken for other conditions could affect the choice of OTC analgesic, so ask the pharmacist.

lf Mrs James has gastric problems, ibuprofen and aspirin are best avoided and paracetamol would be preferable to ibuprofen if she has high blood pressure, as the latter can sometimes cause fluid retention, which could affect her blood pressure. She may take prescription drugs to treat other painful conditions such as rheumatoid arthritis, and this would certainly affect the choice of OTC analgesic.

In the absence of complications, Mrs James could take aspirin, paracetamol, or ibuprofen for the occasional headache.

Vera Thomas

Vera, who is 82, is always in the pharmacy. She has lots of prescription medicines and the dispensing staff have to pop some of her tablets out of their foil blisters as she is too frail to do this herself. Today she asks for some painkillers - she says her

joints are aching and the "bad weather seems to have made them

worse"

You already know Vera is taking a lot of prescription medicines, so you would probably ask the pharmacist to deal with her. Elderly people are very vulnerafile to adverse effects of medicines because:

their bodies don't handle medicines as efficiently as younger people

they are more likely to suffer damage to their internal organs or central nervous system from some drugs

they are usually taking several prescription medicines, so drug interactions are more likely. lbuprofen, aspirin and

paracetamol can all cause risks in elderly people: 🥯 older people are more at risk from stomach damage from ibuprofen and aspirin. Each year, it's thought around 12,000 people are admitted to hospital because of side-effects of antiinflammatory drugs, and around 2,000 deaths may

some customers may already be taking a prescribed anti-inflammatory

occur

drug and might not realise that ibuprofen is similar

both ibuprofen and aspirin can interfere with warfarin, taken to prevent blood clots. Although any of the customers we have discussed could be taking warfarin, it is more likely in an older person. It is very important not to sell ibuprofen or aspirin for pain to anyone taking warfarin lbuprofen can cause

problems in patients with high blood pressure. The drug can cause fluid retention and, if taken with medicines known as ACE inhibitors over a long period, can increase the risk of

kidney damage

paracetamol is the safest option for pain in an elderly patient. However, you need to check whether Vera may be taking prescription medicines containing paracetamol combined with a stronger opioid drug though unlikely, Vera's joint pains may be a sideeffect of her prescription medicines. Some medicines,



tablets"), can increase the risk of gout.

By skilful questioning you and/or your pharmacist can help customers use painkillers safely and reduce the risks of unwanted effects.

All three of the analgesics we have discussed are available from supermarkets and other non-pharmacy outlets, and this may be convenient and safe for many people. But, now you know some of the risks, it does make you wonder why people are prepared to entrust their health to a nonpharmacy outlet, doesn't it?

Turn to page 34 to test what you have learned in this feature. The questions are sponsored by:







New 12 pcck solly cyclicole Paracetamol 500mg, Codeine 8mg, Caffeine 30mg

Ujtromo Soluble strong fast acting pain relief

ULTRAMOL Prescribing Information Indication: Dosage: For oral a Warnings: Interactions: With dom

STERWIN MEDICINES

Product Information Nurofen For Children: Suspension containing ibuprofen 100 mg/5 ml. Prescription and OTC: For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain toothache, earache, headache, minor aches and sprains. Dosages For poin and fever: The saily desage of Nurofen For Children - 2030 mg/kg bodyweight is divided doses. This con be achieved as tollows: Infonts 6-12 months: One 2.5 ml spoonful may be token 3 to 4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be token 3 times in 24 hours. Children 4-6 yeors: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 yeors: Two 5 ml spoonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls moy be taken 3 times in 24 hours. Not suitable for children under 6 months of oge unless odvised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexio: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours loter if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For orol administration. For short term use only. Contraindications: Hypersensitivity to any of the constituents. Patients with a history of, or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticorio ossociated with aspirin or other non-steroidal anti-inflammotory drugs. Precautions and Warnings: If symptoms persist for more than 3 days, consult your doctor. Do not exceed the stated dose. Coution is required in patients with renol, cordioc or hepotic impairment. Asthmo sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnont women should consult their doctor before toking Nurofen For Children. Nurofen For Children is not suitable for potients who have o stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor Side effects: Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anophyloxis, (b) respirotory tract reactivity comprising of osthma, aggrovoted asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of vorious types, pruritis, urticaria, purpura, ongiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects ore rare but moy include abdominal pain, nauseo, dyspepsio ond gastrointestinol bleeding and peptic ulceration. Also very rorely thrombocytopenio has been reported. Bronchospasm moy be precipitated in patients with a history of ospirin sensitive osthma. Product Licence Number: PL 00327/0085. Licence Holder: Crookes Heolthcare Limited, Nottinghom, NG2 3AA. Legal Category: P. Price: Pack size 100ml: £3.35 Pack size 150 ml: £4.59. Date of preparation: June 2001, NU281.



Nothing cools kids faster, further or for longer

Because it works where it's needed, nothing else gives faster, further or longer lasting relief from fever than ibuprofen – the active ingredient in Nurofen for Children. Which means there's nothing else quite like it for keeping children cool and parents calm.



Spring cleaning skin

How many of us dread the day when it's time to bare some flesh? If you've neglected the bits that aren't on show in winter, take heart as Sarah Purcell looks at the bodycare products which help you show a smooth front, back....

The problem: patches of dull, dry skin.

The solution: regular exfoliation.

Shedding the top layer of our skin is a natural process which makes sure it stays smooth and firm. The process takes from 21-28 days and the quicker it happens the more your skin glows.

Children's skin has a fast renewal time but as we age the process slows down and skin can become dry and dull, particularly on areas like elbows, knees and legs. As well as improving the feel of your skin, regular exfoliation helps to boost the body's lymphatic drainage system, which is important for getting rid of toxins that can lead to spots and blemishes and aids efficient skin function.

You can afford to be a bit more vigorous when exfoliating your body than with your face as the skin is more resilient here.

 Before bathing, dry brush your skin with a body brush. Start from the feet and work upwards, using firm strokes, towards the heart. This helps boost the lymph system and circulation.

Then dampen your skin in the bath or shower and apply a body scrub cream or gel, massaging it into your skin using firm circular movements. Rinse off with warm water

Apply a body moisturiser afterwards - after exfoliating skin soaks up moisture more readily.

Body exfoliators are available in all price ranges.

The problem: cellulite on thighs and upper arms. The solution: massaging treatments and exercise. It is thought that 90 per cent of women are affected by cellulite at some time in their lives, and thin women are just as likely to get it witness all the recent fuss over pictures of Nicole Kidman.

While cellulite is widely recognised by the medical profession in countries such as France and Italy, doctors in Britain are still suspicious,



Continued from page 25 dozens of creams and gels that claim to improve the appearance of cellulite, though none are allowed to claim they can get no of it altogether. Active ingredients include: Casteine, a diuretic, which helps to get rid of fluid retention and also speeds up the metabolism. Beauty companies use it because they claim it can help break up fatty deposits more quickly. Seaweed is a traditional detoxifying ingredient, and the theory is that cellulite is linked with a build-up of toxins, therefore flushing these out helps to get rid of cellulite too. Oxygen is the latest "wonder" ingredient. Birch and butcher's broom are found in many anti-cellulite treatments for the toning and tightening effect they have on the skin. Bio-actifs are thought to trigger the body's fat elimination process, so stimulating the fat cells to get rid of their own cellulite. The problem: dry, rough skin. The solution: moisturising body treatments. Being in a centrally heated environment for months on end, and alternating between cold conditions outside and warm homes and offices saps our skin of vital moisture and it's common to suffer dry skin only in winter. While most of us have got into the habit of moisturising our face daily, not nearly as many pay

takes just a few minutes each day. Remember: Skin will be stripped of moisture and dryness promoted if you simply bath in hot water. Instead, add a moisturing foam bath or use a few drops of an essential soaking feet in oil. For a relaxing bath try ylang ylang, jasmine or warm water with lavender. For very dry skin use a a few drops specialist bath oil such as ol a soothing Bath E45. oil such as After bathing it's important peppermint. Gently rub away to moisturise skin immediately after drying patches of hard yourself to ensure you retain skin with a pumice more moisture. For very dry or foot file, then skin use a body oil and for a follow up with a foot scrub cream. After lighter alternative to perfume use the body lotion that patting feet dry, comes in the fragrance range

The problem: neglected feet. The solution: a home pedicure.

instead.

Few of us have feet entirely free from patches of rough, dry skin. Most of us tend to ignore it, but left untreated these patches can lead to corns and callouses over time, as well as feet that don't look their best in sandals

You can treat dry skin by

massage in a rich moisturising foot cream. Carry out this treatment at least once a week to keep dry skin at bay.

For feet fit for sandal wear, try this DIY pedicure once a week:

- 1. Remove old nail varnish from toes.
- 2. Soak feet in warm water with a few drops of

peppermint or menthol oil, or a special foot soak. Pat feet dry

3. Use a pumice or foot file to remove any areas of rough or dry skin.

Trim nails, taking care to cut them straight across to prevent ingrown toenails. 5. Massage in a rich foot cream to keep skin smooth and supple.

6. Paint toenails, using toe pads or rolled up tissue to separate the toes

Allow plenty of time for polish to dry before putting on shoes and tights.

Bodycare trends

According to Mintel, the combined bodycare and handcare market has increased in value by 21 per cent during the last four years to reach £176 million, and higher priced bodycare products have contributed significantly to its growth. Virtually every skincare manufacturer now has a range of body products too, though these tend to be spin-offs rather than whole new brands.

Sales of body lotions and creams increased by 11.5 per cent between 1998 and 2000 (Mintel), body treatments rose by 12 per cent and premium bodycare products by 11 per cent. Mass market bodycare products have lost share to the more dynamic premium sector, though there is still a strong core of women who prefer to use a general purpose moisturiser for their bodycare needs. Within the premium

bodycare market, fragranced body lotions are the most popular product and have increased in value by 26 per cent in the last four years. Smoothing and firming body products are also big business in the premium sector, now accounting

for 16 per cent of all sales, say Mintel.

the same attention to their

body. To keep skin smooth

and glowing all year round

Developing ablind spot?

Lesley Keen finds out if eating your greens could help protect against the biggest cause of registered blindness in the Western world

The longer we live the more likely we are to develop it. It affects around 380,000 people in Great Britain and about 182,000 ol these are so badly affected that they are registered blind. There is no cure and few treatment options.

Yet few of your customers will be familiar with the term Age Related Macular Degeneration (AMD). Still fewer will know that by making a few simple lifestyle choices they could help to reduce their risk of developing the disease.

What is AMD?

AMD is a disease which affects the centre of the retina, an area called the macula, where the rays of light entering the eye are tocused. The macula is the part of the eye responsible

tor central vision – what we see straight in Iront of us – as well as the eyesight we use lor detailed activities.

As we grow older, cells in the macula tend to become damaged and this is what doctors call AMD.

It rarely causes total blindness, but it can lead to a loss of central vision and seriously alfect the quality ol lile of patients. Imagine what it would be like to look at the page of a book and find that you can only read the words at the edge of the page and not those in the middle.

Two types of AMD are recognised – dry and wet AMD. It takes five or 10 years lor dry AMD to develop and patients usually end up with a circular area of blindness while their peripheral

Continued on page 28



∢ Continued from page 27

vision is not badly affected.
Wet AMD comes on more
suddenly and develops
quickly, often accompanied
by serious and unpleasant
symptom such as
hacare riging of delicate
new that vessels and, in
so a cases, scarring of the

No cure has been found for either form of AMD and doctors have no treatments for dry AMD, but there are some treatments for wet AMD. Laser treatment, photodynamic therapy, radiation therapy and even surgery may be used, but experts say that none of these options is completely satisfactory and all have their drawbacks.

Widespread screening for AMD would be extremely expensive and some health experts have argued that there is little point in early diagnosis if there is no cure and little treatment which can be offered to patients. So perhaps it is best to look at who may develop AMD and to advise patients on how to amend their lifestyles to reduce their risk of developing the disease.

AMD – who does it affect?

Professor Astrid Fletcher, Professor of Epidemiology and Ageing at the London School of Hygiene and Tropical Medicine, was one of a group of experts who came together for a round table meeting on AMD sponsored by the Lutein Information Bureau and held at the Royal Society of Medicine in London. She estimates that, of the 380,000 people believed to be suffering from AMD, 147,000 suffer from dry AMD and the rest from wet AMD.

She said women over 75 are twice as likely to be affected as men of the same

People in their 50s and 60s may show signs of early stage AMD, but it is after the age of 70 that severe symptoms show a sharp rise.

As the number of elderly people increases, so too will the number suffering from AMD. Dr Fletcher predicts a seven per cent increase in the next seven years.

What are the risk factors?

A number of factors have been linked with the development of AMD and these include old age



(classed as 60 and over), smoking and being Caucasian. Other links may be having blue eyes, being female, family history of AMD, obesity, sun exposure, cardio-respiratory disease and intake of antioxidants and zinc.

In many ways, AMD is a typical age-related disease, with its onset and progress related to oxidative stress high concentrations of oxygen in the blood caused by factors such as smoking and UV exposure. Oxidative stress is normally handled by the body's own defence systems, but these

old age, partly because as we age we tend not to eat so many antioxidants in our diet.

deteriorate with

How can people protect themselves against AMD?

As little can be done to treat AMD, experts agree that everyone should be encouraged to take the kind of sensible lifestyle measures which will generally help to protect against age-related disease as this may also be of benefit for the development of AMD.

People should be advised to give up smoking, take regular exercise, ensure they do not become obese, limit damaging exposure to the sun, wear good quality wraparound sunglasses, and to eat a healthy, balanced diet

protective role that lutein may play in the health of the macula.

A number of pieces of research have shown that lutein is deposited in the macula where it works with another carotenoid, zeaxanthin, to help absorb potentially damaging forms of light. Lutein also has a role as an antioxidant and research has shown that lutein supplements can help reverse early stage damage

to the macula. In one small-scale study, AMD sufferers taking 12mg of lutein per day, in the form of 5oz of spinach and purified lutein supplements, showed up to 92 per cent

improvement in

their condition over

a period of 12 months. More research is taking place into the role of lutein, including the European Eureye study which involves 7,000 patients in seven countries who are being studied for three years.

Vitamin C also plays an important role in eye health. A study carried out at the US National Institute of Health concluded that supplements containing more than the official daily

containing plenty of fruit and vegetables.

There has also been considerable debate about the role of the carotenoid lutein in AMD and discussion over whether it should be recommended to older people to take as a supplement.

The experts at the round table meeting called for further investigations into the



AMD affects the part of the retina responsible for central vision

requirements of vitamins and zinc, specifically vitamins C, E and betacarotene, lowered the risk of developing AMD. This was most effective when 500mg of vitamin C was taken in addition to the other vitamins and zinc.

A high intake of vitamin C – more than 1,000mg per day – over a long period has also been associated with a substantial reduction in the risk of developing cataracts.

Should older people take a lutein supplement?

The round table panel at the RSM called for further investigation before recommending lutein supplementation and agreed that, to be effective, other substances such as vitamin C may need to be added to a lutein supplement to enhance the antioxidant role.

However, the human body cannot make its own lutein, so it must be obtained from food or supplements and dietary intake of foods rich in lutein is low in the developed world.

Researchers say that 6mg of lutein per day is the optimum amount to help

prevent disease, but people in the West consume only about one-third of this amount each day. It has been estimated, for example, that only two per cent of Americans eat a green leafy vegetable on any day.

Lutein is present in marked quantities in breast milk but, for older people, prime sources are green leaty vegetables such as spinach and kale as well as lettuce, broccoti, turnips, squash, sweetcorn, brussels sprouts and peas.

So, until more is known about AMD and until reliable treatments and early detection methods are available, older people would be well advised to remember what their mothers told them and be sure to eat their greens. It may hold the key to the future health of their sight.

LIFESTYLE MEASURES

- Stop smoking
- Take regular exercise
- Be careful to limit exposure to the sun
- Wear wraparound sunglasses
- Watch your weight
- Eat a healthy, balanced diet with plenty of green leafy vegetables

TERMS TO REMEMBER

- Age-related Macular Degeneration a condition which affects part of the eye, causing problems with central vision and affecting reading and writing
- Macula the part of the eye on which the incoming rays
 of light are focused and damage to which leads to AMD
- Lutein a carotenoid which, with another similar substance, helps absorb potentially damaging forms of light and works as an antioxidant
- Oxidative stress high concentrations of oxygen in the blood associated with, among other things, damage to the macula



NOVARTIS OPHTHALMICS

peek condition

Viscotears will help get your sales in "peek" condition. An eye-catching national consumer advertising campaign and a medical education initiative is currently promoting Viscotears for the long-lasting relief of dry eye in post-men apartisal wom in. Customers will be asking for Viscotears by name is took up now and get in "peek" condition.

VISCIDIDAZIONO

Anthorntonic Control of the Albert Herath operation (Objections de Dela Herathous World Control (Louis yord for the Suebolit operator) Antiol Res

0

long-lasting relief from dry eyes

'My husband tells me it's all in my mind"..."I have outbursts of anger for no apparent reason"... "I feel uncomfortable in my own body"... Lorna McIntyre, research assistant at Bioforce (UK), shows how pharmacy can help PMS sufferers

The quotes above are all from women feeling the despair of suffering from Premenstrual Syndrome

One in three women in the UK experience this condition monthly. Despite PMS having been defined as a clinical entity for more than 70 years, many physicians stifl dispute that the condition really exists. As a result, many women feel extremely isolated as they suffer the often-severe symptoms and are reluctant to seek medical treatment.

Pharmacists and pfiarmacy assistants have a pivotal role to play in providing advice, information and treatment to sufferers.

What is PMS?

There is little doubt that PMS is predominantly a resuft of hormonaf imbalance during ovufation, although the exact mechanism of action has yet to be proved. fn a normal cycle, oestrogen and progesterone levefs fluctuate continuously and rhythmically throughout the folficufar and luteal phases (see Figure 1).

In a woman suffering from PMS, there is commonly an increased ratio of oestrogen to progesterone in the days just before menstruation (middle of luteaf phase) and this plays a key role in the resuftant associated symptoms.

The increased oestrogen fevel leads to impaired fiver function and reduced vitamin B activity. Vitamin B is an important co-factor in both liver metabofism of oestrogen and the formation of neurotransmitters in the brain. Therefore, the amount of serotonin (our "happy chemicaf) in the brain is reduced, contributing to the symptoms of depression associated with PMS. The

alteration of the levefs of other hormones which are also linked to the neurotransmitter system may afso enhance the behaviouraf symptoms experienced.

PMS is seen to be most severe in cases where there has been a recent disruption to the hormone balance in the body, eg following childbirth or starting to take the contraceptive pilf. The condition can affect any menstruating woman, but it is notoriously common in women in their late 30s or

The symptoms

More than 150 physical and psychological symptoms have been assigned to the condition. However, the number and severity of symptoms can vary dramatically between women, frritability, bloating, swefling, depression, acne, fatigue and breast tenderness are only a small selection of the symptoms that can be experienced.

Abraham (1983) attempted to characterise the symptoms associated with PMS by spfitting them into four subgroups with distinct hormonal characteristics (Figure 2). Afthough a woman may rarely falf

distinctfy into a specific group, the groupings aflow specific treatment methods to be defined in relation to the hormonal involvement.

figure 1. Relative concentrations of oestrogen and

progesterone during the female cycle (NAPS 2000)

Ovulation

Based on average 28-day cycle with ovulation at day 14

Days of menstrual cycle

Luteal phase

Diagnosis

Load steroid concentrations

Unfortunately, diagnosis of PMS can be extremely difficult as there is no single specific symptom and no single treatment to suit alf sufferers.

widefy accepted definition of PMS: "Symptoms must begin after ovufation and be compfetely absent tor at least seven days after menstruation, they must also be present for at least two consecutive cycfes".

The most useful diagnosis method is to ask the sufferer to keep a diary of symptoms for three months. By filling in the incidence of symptoms in a simple chart, trends are clearly visible, affowing an accurate diagnosis.

Once PMS is confirmed, positive action can be taken in a number of ways to refieve, if not cure, the

Treatment measures

Simpfy making positive changes towards coping with PMS allows sufferers to feel more in controf and able to manage their symptoms.

Dalton (1999) outfines the syndrome.

Figure 2. PMS Symptom subgroups (Abraham 1983)

Group	Category	Symptoms	Proposed aetiologies
PMS A	Anxiety	Anxiety, irritobility, emotionol instobility	Excessive oestrogen with deficient progesterone levels. Low progesterone levels hove o negotive effect on the GABA in the broin, exploining the onxiety
PMS H	Hyperhydrotion	Fluid retention, weight goin, swelling of extremities, breost tenderness ond obdominol blooting	Increosed oestrogen levels stimulote secretion of oldosterone, on ontidiuretic. Often experienced with PMS A
PMS C	Croving	Increosed oppetite, sweet crovings, fluctuating blood sugor levels cousing polpitotions, trembling ond fotigue	Increosed insulin secretion or sensitivity to insulin 5-10 doys before menses. Low blood sugor olso offects progesterone level
PMS D	Depression	Depression including crying, forgetfulness, confusion and insomnio	Low oestrogen to progesterone level, most probobly stress induced



There are three broad strategies for treatment of PMS symptoms:

correction of hormonal status

correction of

neurotransmitter levels
nutritional, alternative,
complementary and selfhelp treatment for specific

symptoms.

Once PMS has been diagnosed, the first step is to try self-help measures. Seeking advice by speaking to other sufferers and discussing your thoughts with family and friends all combat the feeling of remoteness. A number of groups exist, eg Premsoc, which provide a support and information service for sullerers.

Prescription medicines

Progesterone was the most widely prescribed method of treatment between 1993 and 1998, despite a meta-analysis study of 14 randomised, placebo-controlled trials showing no evident value of progesterone therapy (Wyatt et al 2001).

Likewise, doctors often prescribe oral contraceptives which act to prevent ovulation in the hope of curbing the symptoms. Although it does alleviate symptoms in some women, all too often the treatment can trigger factors that unfortunately initiate PMS again.

An increased number of doctors are turning to Selective Serotonin Reuptake Inhibitors (SSRIs), such as prozac and fluoxetine, to treat PMS due to the ever-evolving body of laboratory and clinical evidence that shows serotonin is a neuroactive agent with the greatest influence on PMS.

SSRIs are a class of antidepressants which work to increase the level of serotonin in circulation. However, the current stigma associated with antidepressants makes some sufferers very reluctant to opt for such treatment.

Although PMS is most commonly associated with an increased ratio of oestrogen to progesterone, a rapid fall in the level of oestrogen in the luteal phase can also be implicated in the associated symptoms of PMS.

It is widely accepted that oestrogen has a profound elfect on mood and mental state by altering the serotonin activity in the brain. However, oestrogen prescribed on its own to PMS suffers to counteract a deficiency is known to increase a woman's susceptibility to cancer.

OTC medicines

A range of vitamins and supplements can be taken to combat specific symptoms associated with PMS.

Vitamin B6 is an initial nutritional treatment that can be given in mild cases of PMS, commonly for mood swings and irritability. The vitamin is often delicient in sufferers, leading to depression and anxiety, as it is a co-factor in serotonin synthesis.

A dose of 100mg/day was, concluded Wyatt et al, (1999) "likely to be beneficial".

Although literature searches show no signilicant evidence for the use of Evening Primrose Oil to alleviate symptoms of PMS, it is often prescribed for premenstrual breast tenderness.

Magnesium deliciency is often implicated as a causative factor of PMS and recent research has shown that taking it in conjunction with calcium will ease symptoms associated with

PMS. It is thought to relieve muscle tension, cramps, fluid retention and food cravings.

Herbal remedies

One herb which is highly regarded as a lemale remedy is agnus castus. Its active component is thought to increase progesterone in the luteal phase and suppress high levels of prolactin, which is thought to alleviate breast tenderness. The herb is commonly used in Germany as a remedy for PMS and two studies have shown significant results in reducing symptoms.

Black Cohosh and St

John's Wort are both used in the treatment of the depression symptoms related to PMS. Black Cohosh is especially benelicial to those whose low oestrogen level is the cause of their symptoms. It has the additional benefit of being a natural source of salicylic acid and so useful in combating painful cramps. St John's Wort has a strong antidepressant action that has been shown to be as effective as the SSRI fluoxetine in the treatment of mild to moderate depression.

Complementary therapies

Women often find complementary therapies such as aromatherapy, rellexology and acupuncture useful lor the alleviation of symptoms. Exercise is a simple and highly effective strategy that can relieve stress and promote wellbeing.

Nutritional therapy

Dietary changes can be a simple but highly effective step towards tackling the symptoms of PMS. The main aim is to reduce circulating oestrogen and increase serotonin levels.

Recommendations include
lollowing a vegetarian
diet – organic where

possible

reducing fat intake

- eliminating sugar
- increasing soya intakeeliminating caffeine
- lowering salt intake
- lowering alcohol intake.

The Women's Nutritional Advisory Service (WNAS) has a scientifically based programme of dietary changes, supplements, exercise and relaxation that claims a 90 per cent success rate within four months (see right lor details).

Self-help measures

• Confirm the symptoms experienced are directly related to PMS by keeping a simple chart of symptoms and their severity for three months.

• Take responsible and positive action to cope with symptoms.

Speak to Iriends and family and make them aware of the way you are leeling.

 Obtain as much information as possible from help groups, pharmacy and GPs.

• Try to relax and be aware of the times of the month in which symptoms are expected and after your filestyle accordingly.

 Alter your diet to avoid trigger loods (see WNAS fact sheets for more recommendations).

 Use complementary therapies and relaxation techniques as a strategy towards coping with symptoms.

• Il self-help measures do little to help, discuss the prescription options with a GP.

Summary

PMS is a complicated and highly misunderstood condition experienced by a great number of women.

The diversity of symptoms associated with the syndrome, coupled with the varying degrees of severity that can exist, makes diagnosis and treatment extremely varied and complicated, although many treatment options are available for the individual symptoms.

The most effective prescription medical therapy is currently thought to be SSRIs. Active management of the condition, patient education and alternative supplements and remedies can all play a positive role in increasing the quality of life for the patient and help towards combating the condition.

Self-help groups

 National Association for Premenstrual Syndrome (PMS)

7 Swift's Court, High Street, Seal, Kent TN15 0EG Tel 01732 760011.

• Premenstrual Society (PREMSOC) PO Box 428, Addlestone, Surrey KT15 1DZ Tel 01932 872560.

• Women's Nutritional Advisory Service (WNAS) PO Box 268, Lewes, East Sussex BN7 2QN Tel 01273 487366.

Where do customers go to get independent health advice? A visit to the GP's surgery often means making an appointment, so the convenience and accessibility of the community pharmacy means it is becoming much more the first port of call. John Kerry shows how you can make the most of the pharmacy's health promotion

Virtually every patient calls at the pharmacy after a GP appointment and the pharmacy has many more visitors on a daily basis than a surgery. Where better, therefore, to have the frontline for healthcare advice?

Pharmacists and their qualified assistants offer advice to customers and patients every day. For those who are either too embarrassed to ask, or who may think that their problem is not important enough, other sources of information are needed.

role

An in-pharmacy information point is the logical answer, where your customers can find the answers to most of their questions without having to ask

Healthcare information points are already up and running in a number of pharmacies. They bring together all the available sources of help and advice in one location. Here, in an area with few or no commercial distractions, patients are able to browse through the available information to find what they want. Very often, these

areas are located with the consultation point, creating a non-shopping area in a busy pharmacy.

Most of the information available is in the form of posters, leaflets and booklets and your information area needs to accommodate these. Posters: ideally a one-metre wide section of wall-space, clad with a soft covering such as cork, will serve to display important posters. A screen, used to make the consultation point more private, will serve equally well.

Your poster display site is a good location for important healthcare contacts and timetables, health centre GPs and surgery hours, local NHS clinics, dentists etc. Leaflets are best housed in custom-built dispensers. The type that fix to a flat vertical surface is better than the free-standing desktop models which occupy too

much counter space and tend to be knocked over easily.

Nearly all leaflets are one third A4 size (approx 100mm wide x 200mm tall) and a large number of dispensers are designed to contain them. It is likely that your shopfitter has one to suit your decor and existing fittings. If not, leaflet dispensers, which are perfect for the job, are available from a number of companies.

Advice leaflets are available on a vast range of healthcare topics and from a number of publishers, so it would take a large dispenser

to accommodate them all. In reality, perhaps only 50-60 leaflets at a time need be on display, so a dispenser with this capacity will suffice. Books and booklets: these publications tend not to conform to any one size and therefore need a different display. Free booklets, such as advice documents from the Department of Health, or companies such as infant nutrition manufacturers, tend to be in A5 format, but there are plenty of different sized booklets and books, both complimentary and for sale, that are best displayed

0) ~ ~ ~ (2)

healthcare products produce very attractive free leaflets. Some offer up-to-the-minute advice on immunisation, smoking cessation, bedwetting and the like, always with a section promoting their service or product range. Sometimes this is only a modest mention, but on other occasions the advice section is tiny – the leaflet is disguised as advice, but is actually merely an advertisement. Some are unashamedly product range leaflets.

If your information section is intended to be totally unbiased, manufacturers' leaflets should be avoided. But, since many of these are excellent sources of information, it is worthwhile including some of the better ones in your dispenser.

Invaluable material is available from the self-help Arthritis Care, Help The Aged and the National Aids organisations as there are chronic illnesses, all seeking to help and advise sufferers, carers and those at risk. The majority supply free leaflets for the public

The best advice material for your patients is often published in-house. Subjects in which your pharmacist has special expertise; policies, and treatments recommended by the pharmacy can all be the subject of patient leaflets, personalised to the pharmacy. Importantly, they can include local contact numbers and clinics for those needing further information

Word processing software set up an A4 page with three third A4 leaflets can be

The pharmacy's practice leaflet must be given a permanent slot in the dispenser and, if available, practice leaflets from local osteopathy, acupuncture and complementary medicine clinics.

groups and charities, such as Helpline. There are as many

Health Education Authority and, of course, The Royal Pharmaceutical Society all packages will allow you to columns. Three single oneproduced from one sheet of paper for very little.

publish excellent, free healthcare leaflets. The DoH particularly covers a huge range of topics on the correct use of medicines; topical issues such as mobile phones and CJD; and information on topics some might find embarrassing,

in revolving wire

What to display and what

Some of the best sources of

healthcare information are

those without a commercial

The Department of Health,

unbiased but up-to-date

racks.

axe to grind.

to avoid

Manufacturers of OTC medicines, complementary medicines and other

such as head lice.

Points to remember when stocking the information point:

- Keep up to date. Information is the free service offered by your pharmacy and, like the merchandise on your fitments, it needs to be constantly looked after.
- Popular leaflets run out quickly and need to be replenished.
- Keep a stock control card for each and reorder when stocks are low.
- Remove damaged, soiled and out-of-date leaflets and posters from display
- Seasonal advice leaflets and posters (holidays, coughs and colds, flu etc.) should be removed when the season ends and kept for the following season or replaced with updated versions.
- Avoid displaying two different leaflets in one slot.
- Remove unwanted manufacturers' leaflets which have been put there by well-meaning representatives.
- Read all leaflets yourself so you can direct patients to the one they need.

Manufacturers leaflets – which ones should I keep on display?

Some excellent leaflets are produced by manufacturers, but it is possible that the product promoted for the condition described is not the brand of first choice in the pharmacy. In such cases a balancing decision needs to be made by the pharmacist – display and risk the patient purchasing a second or third choice product, or leave it out of the dispenser? This is the pharmacist's decision.

Some pharmacies have had small sticky labels printed reading "Ask the pharmacist before buying your medicine" to put on each leaflet. This helps direct the customer to a member of staff for further advice, giving you the chance to offer the brand of choice.

The more difficult decision is whether or not the information and treatment recommended in the leaflet is correct and best practice. Once again, the pharmacist has the final word. If in doubt, contact one of the main publishers of advice leaflets – very often they will have produced a patient leaflet on the same subject which is unbranded, impartial and scrupulously accurate.

Your pharmacy's information point can easily be accommodated within the consultation area. In fact, some local health authorities which have encouraged community pharmacies to install a consultation area have made sure that information points are built in.

If your pharmacy has the space and the demand for this service, you can go one step further by also installing interactive video information.

Cyberpharmacy

One pharmacist I know has a PC installed in the information area, allowing patients to seek advice from the internet. Patients and customers seek advice and reassurance from a pharmacy on healthcare matters. An information point carefully built into the front shop will prove to be a valuable adjunct to the personal advice dispensed by the staff and add to the pharmacy's reputation as the place to go for professional, impartial advice on a range of health matters.

Test Your Knowledge

We know from our research that OTC readers are keen to update their knowledge and you verfore that by reading the features in this issue. Now you can check how much you have learned by taking this quick test.

PAIN

Questions sponsored by Sterwin Medicines

Ultramol Soluble

- 1 Which of the following are present in most OTC analgesics?
- a) paracetamol
- b) ibuprofen
- c) codeine
- Which of the following could trigger an asthma attack in a susceptible individual?
- a) paracetamol
- b) dihydrocodeine
- c) aspirin



- 3 Why is this?
- a) some people are allergic to it
- b) it can cause the airways to narrow
- c) it causes inflammation
- 4 How many people are admitted to hospital each year due to side effects from anti-inflammatory drugs?
- a) 2,000
- **b)** 12,000
- c) 20,000
- 5 Which of the following has/have an anti-inflammatory action?
- a) aspirin
- **b)** ibuprofen
- c) paracetamol

Look back to page 20 to check your answers.

EYECARE

- 1 How many people are believed to be affected by AMD in the UK?
- a) 3,800
- **b)** 38,000
- c) 380,000
- 2 Which part of the eye does AMD affect?
- a) the macula
- b) the cornea
- c) the iris
- **3** Which aspect of vision does AMD affect?
- a) general clarity of vision
- b) peripheral vision
- c) central vision

- 4 Which of the following factors have been linked with the development of AMD?
- a) old age 60 and over
- **b)** smoking
- c) being of Afro-Caribbean descent
- 5 A diet rich in which substances can keep the eyes healthy and may delay onset of AMD?
- a) carbohydrates
- b) polyunsaturated fats
- c) fruit and vegetables, especially leafy green vegetables

You can check your answers on page 27



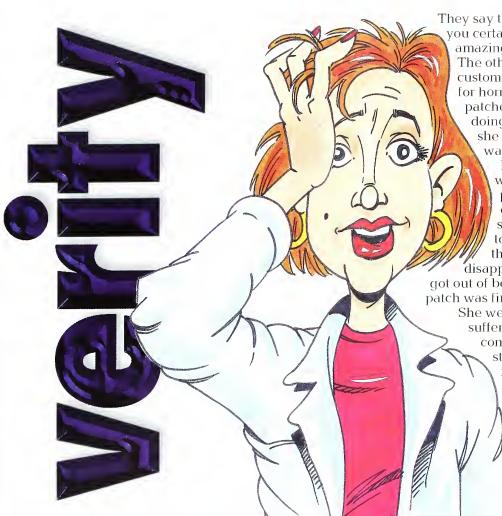
PMS

- 1 How many women in the UK experience PMS each month?
- a) one in ten
- b) one in five
- c) one in three
- 2 In the days just before menstruation, women suffering PMS commonly have:
- a) an increased ratio of oestrogen to proqesterone
- b) an increased ratio of progesterone to oestrogen
- c) a drop in the level of both hormones
- 3 It can affect women of all ages, but



- is notoriously common in women:
- a) just after puberty
- **b)** in their 20s
- c) in their 30s and 40s
- 4 How many symptoms have been assigned to PMS?
- **a)** 50
- **b)** 150
- c) 250
- 5 Different forms of PMS have been divided into how many subgroups?
- a) two
- **b)** four
- c) six

Answers: Pain 1 a,b; 2 c; 3 b; 4 b; 5 a,b. Eyecare: 1 c; 2 a; 3 c; 4 a,b; 5 c. PMS: 1 c; 2 a; 3 c; 4 b; 5 b.



As you know from our bodycare feature on page 25, now is the time to brighten and soften the skin we've and filter

DERMUD

DERMUD

covering up all winter.

been

This month's reader treat delivers a welcome moisture boost to dry and very dry skin.

Dermud Intensive Nourishing Body Cream, from the Dead Sea mineral company, Ahava UK, is a rich cream which is absorbed quickly, moisturising and

moisturising and protecting the skin. Its hypoallergenic, lightly fragranced

formula helps renew dry skin, revitalise dry, sensitive and cracked skin, soften rough skin, soothe cracked skin, reduce itching, redness and scaling and give a supple and healthy appearance.

Like all the Dermud products, it is enriched with natural Dead Sea mineral mud and Mineral
Skin Osmoter - Ahava's
unique mineral combination. It
also contains vitamin E, a UV
filter and a blend of
moisturisers, including aloe
vera.

Dermud Intensive Nourishing Body Cream can be used all over the body or on localised dry areas and, for best results, it should be used morning and

night.
We have 10
200ml tubes (each worth £15.50) and 30 40ml tubes for you to try. The first 10 names picked at random after the closing date will receive the 200ml size and the next 30 will receive the 40ml packs.

So, if you would like to show off smooth, soft skin this summer, send your name and address on a postcard or sealed envelope to: OTC/Ahava Offer, OTC, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW, to arrive by April 30 2002.

They say that if you work in a pharmacy you certainly do see life – and it is amazing what customers will tell you. The other morning, a regular customer handed me a prescription for hormone replacement therapy patches and said that they were doing her the world of good. Then she added that her husband wasn't so happy with them.

I said jokingly: "He isn't wearing them is he?" She proceeded to tell me that, a couple of weeks ago, she had stuck on a patch before going to bed but when she woke in the morning it had

disappeared. When her husband got out of bed she saw that the missing patch was firmly attached to him!

She went on to say that he had suffered no ill effects, but was concerned that he might have to stop shaving or that his voice might go up an octave.

This lady has a very funny sense of humour and a very loud voice, so everyone in the shop dissolved into fits of laughter.

When you think about it, patches are a really convenient, painless and increasingly popular way of giving medication to people. Over the years, many different types have

been developed, the most familiar being the nicotine replacement patch that seems to be the most popular method of smoking cessation with our customers.

When I looked around my pharmacy, I was surprised to see just how many uses transdermal patches have. I found one called Scopaderm which, when stuck behind the ear, controls travel sickness. There are also several on the market which are aids to slimming – some of these contain a derivative of seaweed that increases the body's metabolism and so helps burn off the calories, while others control food cravings. Patches have also been used for many years for the control of pain and the treatment of the heart disease, angina.

Because people like the convenience of a patch, there are now "vapo patches" available which contain eucalyptus and camphor. These are not absorbed through the skin, but are stuck on to the pyjamas and the vapours are inhaled to relieve congestion.

I recently read that a contraceptive patch has already been developed for women in America and my pharmacist tells me that there is also research going on to develop patches for the treatment of diabetes and impotence. Isn't skin a wonderful thing? It protects us, prevents unnecessary loss if water, controls our temperature and is a convenient, painless route for administering medicines.

Happy Easter everyone!

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Like using a new tub every time.



With Soft Paraffin, Light Liquid Paraffin, Hypoallergenic Anhydrous Lanolin

The No. 1 emollient brand¹ has just become even more pleasant for your customers to use. Clinically proven E45 Cream is now available in a new 500g pump pack offering improved hygiene as well as great convenience.

PRESCRIBING INFORMATION. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly: Apply to the affected part two or three times daily. Contra-indications: E45 Cream should not be used by patients who are sensitive to any of the

ingredients. Undesirable effects: Occasionally, hypersensitivity reactions otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS Cost. 11.18, 125g £2.39, 500g £6.20. Legal category: GSL. Product licence number PL0327/5904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG9 1LP. Date of preparation: January 2002. Reference: 1. AC Notes Nielsen, Grocery and Pharmacy, Volume, MAT May/Jun 01.